

Mobilizing for Action through Planning and Partnerships: A Framework for Addressing the  
Needs of Rhode Island Communities

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### Abstract

In 2015, the Rhode Island Department of Health utilized multiple sources of funding to establish the Health Equity Zone (HEZ) Initiative. This thesis project aimed to analyze the effectiveness of five Health Equity Zones Collaborative (HEZ Collaboratives) at addressing the needs of Rhode Island communities. In this descriptive study, the Mobilizing for Action through Planning and Partnerships Process (MAPP) served as a framework for evaluating the HEZ Collaboratives. The MAPP Process has six phases and relies on four assessments to understand community needs; the last four phases and assessments were used to create different criterion to evaluate if the HEZ Collaboratives were creating lasting change. The criterion evaluated the HEZ Collaboratives' ability to create stakeholder engagement and conduct needs assessments, develop Actions Plans, implement strategies to address community needs, and evaluate the HEZ Collaboratives' impact. Five HEZ Collaboratives were evaluated because not all HEZ Collaboratives had internal evaluation processes available to be reviewed. Each of the HEZ Collaboratives' activities or interventions were outlined in Action Plans and could be connected to needs identified in Community Needs Assessments. The HEZ Collaboratives met most of the criterion for the MAPP phases; two identified area of opportunity regarded Action Plan development and sharing the results of HEZ Collaborative evaluations with other stakeholders. When analyzing HEZ Collaboratives using MAPP as a framework, the HEZ Initiative shows promise of being able to better the health of Rhode Islanders.

#### *Keywords:*

Thesis, Social Determinants of Health, Health Equity Zones, Needs Assessments, Mobilizing for Action through Planning and Partnerships Process, Evaluation, Place-Based

Mobilizing for Action through Planning and Partnerships: A Framework for Addressing the  
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**Background and Rationale**

The objective of the thesis is to use a community-driven strategic planning process as a framework to evaluate how Rhode Island's Health Equity Zone (HEZ) Initiative has been able to improve the health of local communities economically, socially, and physically. Rhode Island's Health Equity Zone Initiative relied on Health Equity Zones (HEZ) to identify and pursue strategies that build health equity among the state's cities and towns. By using a community-driven strategic planning process as a framework, activities conducted by Health Equity Zones could be objectively evaluated, as well as offer insights that could help future HEZ Collaboratives be more successful at positively impacting participating communities. Having a process for evaluating the HEZ Initiative is imperative, because the HEZ Initiative has been supported and evaluated by multiple funders since its inception in 2015. The Rhode Island Department of Health has also announced a third cohort of HEZ Collaboratives will start in 2021. This thesis's guiding question is "Using the Mobilizing for Action through Planning and Partnerships (MAPP) Process as a framework, how did the HEZ Collaboratives improve community health?".

The Health Equity Zone Initiative started in 2015 when 10 HEZ Collaboratives received funding with state and federal funding. The goal of the Health Equity Zone Initiative is to support innovative approaches that prevent chronic diseases, improve health outcomes, and improve social and environmental conditions in Rhode Island neighborhoods (Rhode Island Department of Health, 2017). Health Equity Zones are geographic areas where existing opportunities emerge, and investments are made to improve the social, economic, and

environmental factors that prevent people from being as healthy as possible (Rhode Island Department of Health, 2018). A HEZ Collaborative focuses on promoting healthy communities through; assessing the needs of residents, developing and implementing projects, and engaging stakeholders from local government, schools, and providers of healthcare to participate (Patriarca, 2016). The overall health of a population can be improved by creating interventions that reduce health disparities. Based on RIDOH's final evaluation of the State Innovation Model, the HEZ Initiative has demonstrated some success in coordinating existing community-based interventions and bringing together community stakeholders to work together toward community-prioritized goals (Ausura, 2019). Another evaluation submitted to the Association of Maternal and Child Health Programs, suggests the HEZ Initiative increased community engagement in participating communities and addressed specific community needs such as food insecurity or substance use (Association of Maternal and Child Health Programs, 2019).

RIDOH issued a request for proposals (RFP) to fund the first cohort of HEZ Collaboratives. RIDOH received a myriad of proposals in response to the RFP and awarded three million dollars to eleven HEZ applicants in 2015 (Ausura, 2019). RIDOH provided seed funding in four-year cycles to support the development community-led infrastructure to drive the transformation of policies and systems for healthier living. (Association of Maternal and Child Health Programs, 2019). Ten HEZ Collaboratives remained when the initiative entered its second year of funding. The second year focused on building the HEZ Collaborative's necessary infrastructure to organize HEZ Collaborative stakeholders, as well as start to address socioeconomic and environmental determinants of health in the HEZ Collaboratives surrounding communities. A HEZ Collaborative may be composed of diverse partners including local leaders,

residents, businesses, transportation officials, local housing authorities, healthcare partners, law enforcement, and education systems (Rhode Island Department of Health, 2018).

Funding the HEZ Initiative required the merging of multiple funding streams and the development of new positions in RIDOH. During the initial startup, RIDOH dedicated eight “HEZ Team” members to provide oversight and support of the community organizations. Community organizations who responded to the RFP issued by RIDOH had to serve as the hub or “backbone” of a HEZ, meaning the backbone HEZ organizations must function as a community organizer, coalition manager, and the single point of contact between a HEZ Collaborative and RIDOH (Patriarca, 2016). Before the community organizations received funding, the backbone HEZ organizations were required to conduct a Community Needs Assessment and have a plan for developing collaboration with other potential stakeholders. In the summer of 2019, RIDOH expanded support and funding to three new communities to establish new Health Equity Zones. RIDOH also awarded another round of funding to seven of the existing Health Equity Zones.

HEZ Collaboratives were encouraged to pursue other funding sources besides the HEZ funding offered by the RIDOH. After the first year of funding, RIDOH started to provide support to the HEZ Collaboratives by supporting the development a formal sustainability plan. The plan focused on identifying and developing potential partners who could offer resources to address non-RIDOH funded strategies around housing, criminal justice, food security, and other needs. RIDOH focused on sustaining and growing community support for the HEZ Initiative early in the four-to-five-year funding period, because the increased focus gave the HEZ Collaboratives a chance to better understand local assets and community needs before having to rely on funding meant for a specific area of work (Association of Maternal and Child Health

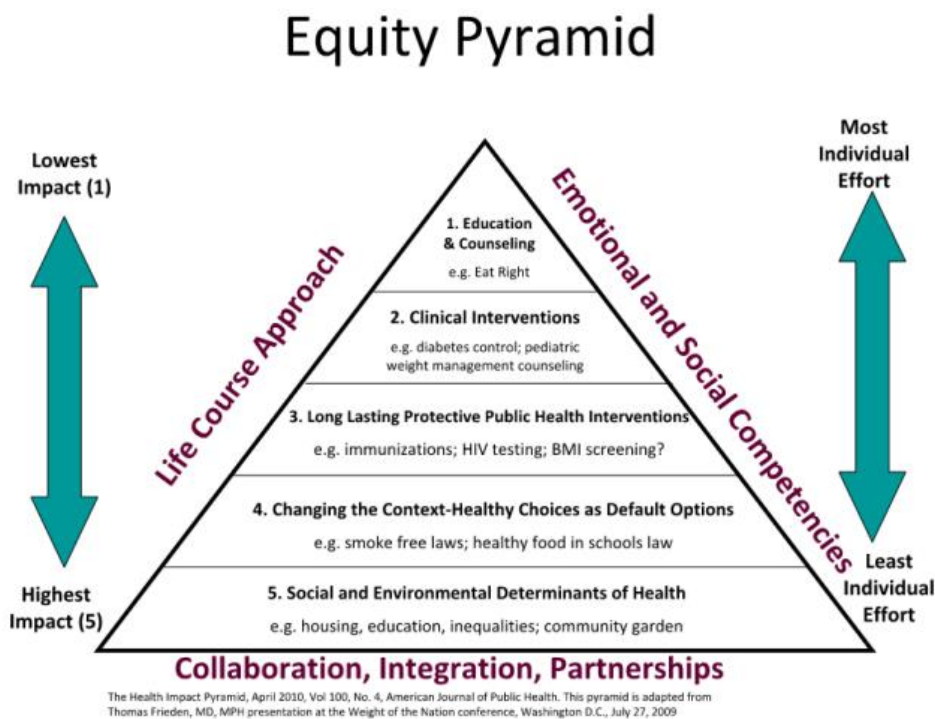
Programs, 2019). RIDOH also encouraged HEZ Collaboratives to create measures and develop process to show the impact of their work, hopefully increasing the chance of leveraging other funding streams in the future. This was done by creating sustained engagement with diverse partners and measuring the impact of the HEZ Collaboratives work on improving health through evaluations (Association of Maternal and Child Health Programs, 2019). For example, in October 2018, the Rhode Island Foundation contributed \$3.6 million in grants to six of the HEZ Collaboratives to reduce chronic disease in communities. The selected HEZ Collaboratives included West Warwick, Woonsocket, Central Providence, Pawtucket, South County, and Newport (GoLocalProv, 2018). These HEZ Collaboratives were selected by the Rhode Island Foundation because the HEZ Collaboratives have been able to demonstrate the ability to bring together clinical and community-based organizations, engage with residents, and the measure health outcomes related to social and economic factors.

RIDOH realized each HEZ Collaborative had different levels of expertise at completing the programmatic work related to addressing community needs. Each backbone HEZ organization needed to be able to manage its finances and move forward on the projects outlined in the HEZ Collaborative's Action Plan. Rhode Island has state fiscal rules that required the backbone HEZ organization to follow a cost reimbursement process (Association of Maternal and Child Health Programs, 2019). As a result, some of the HEZ Collaboratives that were very grass roots or newly established in their communities might have had difficulty becoming the backbone HEZ organization, because those HEZ Collaboratives may have not been prepared for increased financial and programmatic responsibilities (Association of Maternal and Child Health Programs, 2019). In the future, RIDOH plans on providing more support for background HEZ



organizations by helping building infrastructure to support a HEZ Collaborative before one is formed.

RIDOH adapted the CDC’s “Health Impact Pyramid” (HIP) to serve as a framework for assessing the potential effectiveness of its programs, including the HEZ Initiative. Three principles were added to supplement the original pyramid. The added principles were; make collaboration with community partners a key process goal, take a “life course” approach in all programs, and always consider the emotional and social needs of the people served (Patriarca et al, 2017). The changes to the CDC’ Health Impact Pyramid adaptation is graphically represented by having HIP as the core, with the three fundamental principles being a frame the HIP is centered in. The result was named the “Equity Pyramid” seen in Figure 1.



**Figure 1.** Health Equity Framework – Equity Pyramid

During the initial four-year funding period, the HEZ Collaboratives worked on implementing their Action Plans. The Action Plans outlined strategies the backbone HEZ

organization took to improve their community's health. HEZ Collaboratives were encouraged to engage in activities that addressed and impacted social and environmental determinants of health (Rhode Island Department of Health, 2018). RIDOH wanted the Action Plans that were focused on interventions higher up on the Health Equity Pyramid to be aligned with lower impact activities so the interventions could mutually reinforce each other. RIDOH encouraged HEZ Collaboratives to primarily focus on social and environmental determinants of health, because focusing on these determinants of health generally had the strongest impact on improving community health.

The HEZ Collaboratives Action Plans were based on multiple Community Needs Assessments. HEZ Collaboratives were encouraged to utilize the 2013 and 2016 Community Health Needs Assessments (CHNAs) completed by the Hospital Association of Rhode Island (HARI) and Lifespan Hospitals, as well as Health Equity Zone Community Needs Assessments conducted by RIDOH (Rhode Island Department of Health, 2017). The HEZ Community Needs Assessments identified 134 community needs over seven health topic areas. These included topics related to healthy eating, physical activity, general health and well-being, social determinants of health, substance use, mental health, and child and family health (Rhode Island Department of Health, 2017). Many of the ten initial HEZ Collaboratives had similar focus areas and aligned with Rhode Island's population health priorities. The table below, Figure 2, shows the HEZ-identified needs overlapping with the state's health focus areas.

<b>SIM Health Priority Area</b>	<b>HEZ Need</b>	<b>HEZ Region</b>
Tobacco Use	Address high prevalence of tobacco use	Olneyville, W. County
Obesity	Provide overall access to affordable healthy foods	Bristol, Newport, Olneyville, Pawtucket, W. Warwick, Woonsocket

	Assure transportation to obtain healthy foods	Bristol, Newport, Olneyville, W. Warwick, Woonsocket
	Address low consumption of fruits and vegetables	Newport, Olneyville, W. Warwick, Woonsocket
	Create access to affordable organized exercise/recreational opportunities	Bristol, Newport, Olneyville, Providence, W. Warwick, Woonsocket
	Maintain safe outdoor spaces for physical activity	Bristol, Newport, Providence, W. Warwick, Woonsocket
	Address high prevalence of obesity	W. Warwick, Woonsocket
Maternal and Child Health	Address high rates of teen pregnancy and birth	W. Warwick, Woonsocket
	Address racial/ethnic disparities in low birth weight and preterm births	S. County
Chronic Disease	Increase access to and awareness of chronic disease monitoring/prevention programs	Bristol, Olneyville
	Provide education about diabetes, cholesterol, and nutrition	Bristol
	Increase rate of having blood pressure and cholesterol checked	S. County
Opioid Use Disorders	Address growing substance use problem	Bristol, Pawtucket, W. Warwick, Woonsocket
	increase access to treatment and supports for substance use	Bristol, W. Warwick, Woonsocket
	Address high rate of accidental drug overdose	S. County, W. Warwick, Woonsocket
Children with Social and Emotional Disturbance & Serious Mental Illness	Address prevalence of behavioral health issues among youth	N. Providence, Providence, S. County
Cross-Cutting Behavioral Health Focus Areas: <ul style="list-style-type: none"> <li>• Depression</li> <li>• Children with Social and Emotional Disturbance</li> <li>• Serious Mental Illness</li> <li>• Opioid Use Disorders</li> </ul>	Address high rate of mental illness and trauma	S. County, W. Warwick, Woonsocket
	Improve access to social services among those with mental health and/or substance use issues	Pawtucket, S. County

**Figure 2.** HEZ Health Needs Relevant to SIM Health Focus Areas

## **Literature Review**

### **Theme 1: Theories Related to the HEZ Initiative**

The HEZ Initiative relies on the life course approach to health equity. The concept was first embraced by the public health departments in the San Francisco Bay Area and The California Endowment's (TCE) Building Healthy Communities (BHC) Initiative. The life course approach recognizes public health practices need to extend beyond medical and health education; there also needs to be systemic changes that fosters healthy neighborhoods over the course of the population's life span (Amaro, 2014). Health is the product of one's opportunities and experiences over the course of their life and is largely affected by conditions during critical periods of development, such as pregnancy, early childhood, and adolescence (Amaro, 2014). There are also protective factors or risk factors that can depress or raise one's health trajectory (Halfon, 2002). For example, being in a good school, having skilled parents, and consistently engaging in physical activity can help increase the likelihood of achieving key milestones such as graduating school and having children later in life. Conversely, being an unintended pregnancy, living in poverty, and experiencing violence might result in leaving school early or becoming pregnant during adolescence.

Implementing systemic changes involves improving policies and changing how people perceive what creates health in communities. When there are too many negative determinants of health, inequalities and disparities in health occur. Health disparities cannot be fully understood without addressing the concept of social disadvantage. Social disadvantage is the unfavorable social, economic, or political conditions specific groups of people systematically experience based on the group's relative position in social hierarchies (Braveman et al, 2011). The unequal distribution of money, power, and resources among communities based on race, class, gender,

and other factors restricts communities' ability to fully participate in society. The unequal distribution can lead into a cycle where each subsequent generation experiences a low trajectory in health and key milestones. The goal of public health is to break the low trajectory for disparate populations and prevent those negative risk factors from occurring. Public health interventions must focus on improving socioeconomic and environmental determinants of health, but also be committed to social justice.

Creating health equity is paramount to reducing health disparities. Health equity is created by addressing and creating opportunities for all individuals to pursue optimal health, with special consideration for people who have previously experienced social, economic, or historical injustices. (Washington State Department of Health, n.d). These groups of people will require additional support to change their health trajectories, because the people who have experienced multiple disparities and injustices will have a harder time to succeed, whether that is physically, monetarily, or socially. RIDOH Health Equity Institute recognizes this through the implementation of policies and programs focused on reducing or eliminating health disparities. Progress towards creating health equity can be evaluated by measuring the prevalence of health disparities over time due to implemented initiatives and programs (Braveman et al, 2017). If health outcomes and disparities are not actively tracked, then it would be difficult to identify potential interventions that could improve the health of disadvantaged groups.

Addressing health disparities is a place-based issue rooted in the systematic and historical oppression of disadvantaged groups. Addressing health disparities in the community can lead to better health outcomes because the initiatives focus on improving economic opportunity, offering higher quality public education, building more open and green public spaces, or providing more available health care that addresses risk behaviors (Dankwa-Mullan, 2016). These kinds of

initiatives rely on cross sector collaboration and shared effort to address complex community problems. For example, cross sector collaboration could occur between a hospital and a community-based organization to address the mental health challenges of residents. The concept of collective efficacy focuses on the ability of community residents and organizations to leverage available resources and respond to related health disparities for the good of all (Dankwa-Mullan, 2016). To effectively leverage resources, the HEZ Collaboratives needed to establish an inclusive, community-based strategy to serve as the basis for planning and implementing Action Plans, as well as create a framework for evaluating health outcomes and program effectiveness.

One of the root causes of health inequity includes differences between the social determinants of health of different populations. Social determinants of health are social and economic factors that can drive as much as ninety percent of health outcomes (Robert Wood Johnson Foundation, 2019). One article found during the literature review used the Evans and Stoddart Framework of Determinants of Health to categorize different determinants of health into different focus areas. The categories related to social determinants of health were medical care, individual behaviors, and socioeconomic factors, the physical environment, and genetics (Kindig et al., 2008) Dividing the determinants of health into different focus areas allowed the observers to identify the complex interactions between and within each determinant, as well as develop specific approaches to improving multiple determinants of health simultaneously.

RIDOH recognizes the importance of reducing health inequities by researching and understanding community needs of Rhode Islanders. RIDOH formed the Community Health Assessment Group to develop processes for identifying and improving health outcomes at the community level. The Community Health Assessment Group helped RIDOH develop the state's first set of health equity measures. The Health Equity Measures are fifteen indicators spread

across five domains that are known to affect health equity including integrated healthcare, community resiliency, physical environment, socioeconomics, and community trauma (Rhode Island Department of Health, 2020). The Health Equity Measure Set can help organizations identify opportunities to engage in cross sector collaboration, as well as address barriers to health equity.

Another concept that frequently arose during the literature review was the concept of building community resilience. Community resilience recognizes the health of individuals are deeply connected to the health and resilience of the overall community (DeMello, 2020). Community resilience is the ability of a community to withstand and bounce back from adversity such as natural disasters, abuse, or poverty. Community resilience is built through activities efforts that increase community supports, which can be social, spiritual, educational in nature, as well as assist people in accessing resources to become empowered in their choices and behaviors (Ziglio, 2017). Empowering individuals also allows individuals to possibly gain a sense of autonomy and ownership over themselves and their wellbeing.

## **Theme 2: Current Examples of Place-Based Initiatives**

Umass Memorial Health (UMMH) implemented a place-based approach in 2018 when its senior leadership officially decided to create and pursue its “Anchor Mission”. Anchor institutions are large entities that deliberately invest in surrounding communities as part of their business strategy (Koh, 2020). The term was coined in 2001 by the Aspen Institute and is often used to describe the impact of large institutions such as universities or colleges have on the surrounding community. An anchor institution has three pillars; sourcing and purchasing, hiring, and investing, all within the immediate community.

UMMH partnered with the Harvard T.H. Chan School of Public Health to assess the feasibility of having an Anchor Mission. The Harvard T.H. Chan School of Public Health's earliest finding was UMMH had a history of local hiring, sourcing, purchasing, and investing, but it was usually done in an ad hoc manner (Coles, 2019). UMMH utilized the results of the study to develop the organization's Anchor Mission. UMMH's initial Anchor Mission plans, which were later unanimously approved by the Board of Directors, were to:

1. Allocate 1% of the organization's investment portfolio to targeted community investments with an expected return.
2. Provide targeted technical training for entry-level positions for current and prospective employees. The trainees would be from targeted neighborhoods.
3. Build a system for local purchasing and aid local organizations to increase their supply capacity.

These goals arose from the work by three subcommittees. The Investment Committee worked on defining the criteria to be used to evaluate place-based investment opportunities, the Hiring Committee evaluated how to better hire from the immediate community, and the Purchasing Committee reviewed policies and looked for opportunities to buy from local businesses (Ha Pham, 2019). UMMH utilized its most recent Community Health Needs Assessment (CHNA) to identify significant social factors that affect community health outcomes. The CHNA was conducted to comply with requirements stipulated in the Affordable Care Act (ACA) and to help hospitals become more committed to improving community health. The ACA requires hospitals to conduct a CHNA every three years and to adopt an implementation strategy that meets the community health needs identified through the needs assessment to maintain nonprofit status. The Anchor Mission was UMMH's attempt to operationalize framework focused on positively impacting the social and economic factors that affect the health of UMMH's surrounding community (Coles, 2019). The HEZ Initiative is smaller, more community based, and relies on collaboration between multiple stakeholders; many of the



backbone HEZ organization's work are directly related to the social and economic factors that impact health. The framework for an Anchor Mission could be used by any organization, especially ones that are just starting to work on addressing social determinants of health.

A literature review found other place-based initiatives were successful at improving health outcomes in communities. A literature review was conducted using the search terms "place-based", "Community Needs Assessment and Action Plans", and "social determinants of health". One study found through the search was the Harlem Children's Zone (HCZ), a non-profit organization that supports children and families living in Harlem. The organization provided support to families in the form of parenting workshops, a pre-school program, charter schools, and child-oriented health programs (Cohen, 2015). HCZ took a "cradle to career" approach and offered wrap around services to create better outcomes for families. The HCZ program had a dramatic impact on the lives of the children and families who participated in the HCZ's programs. In 2017 alone, 97% of high-school seniors who attended HCZ supported charter schools were accepted to college, over 1.2 million healthy meals were served to children, and there were 6,059 graduates of The Baby College parenting workshop series (Harlem Children's Zone, 2017). The HCZ shows taking an overall approach to health is more effective than just focusing on healthcare alone.

Another study analyzed a successful Community Needs Assessment called the Pinellas County Community Health Assessment. The assessment was the product of community input and survey data designed to measure the health of Pinellas County's residents. Pinellas County utilized the Mobilizing for Action through Planning and Partnerships (MAPP) Process, a framework designed by the National Association of County and City Health Officials (NACCHO). The Pinellas County Community Health Assessment served as a guiding document

for future health planning efforts in the community (Florida Department of Health, 2018).

Pinellas County's approach to understanding community needs is being replicated by other state agencies, including the organizations that participate in the HEZ Initiative.

### **Theme 3: Current Evaluation Framework of Place-Based Initiatives**

There are multiple strategies to improve health through place-based initiatives, but most strategies follow the same framework. Dankwa-Mullan and P´erez-Stable (2016) identified four different strategies with distinct elements and drivers of change. These strategies are developing an Action Plan that addresses health needs across different sectors, creating a framework that evaluates health outcomes, engaging the community to create a strategy for improving health, and fostering communication between the community and key stakeholders. Not all these strategies will work in every community, because each community has unique priorities and needs. As a result, Action Plans for addressing community needs must be reflective of what community members believe is important.

The Centers for Disease Control (CDC) recommends data for a Community Needs Assessment should come from multiple sources. This means having a mix of primary data, secondary data, and indicators to characterize the health of the community. Indicators and data focused on demographic and socioeconomic characteristics can be utilized to monitor progress and determine the effectiveness of chosen strategies (Centers for Disease Control, 2017). Using indicators focused on demographic and socioeconomic characteristics also highlights the importance of determinants related to behavior, social and physical environments, and healthcare use. The CDC provides assessment and planning models for interested parties who want to conduct Community Needs Assessments. The CDC lists different models for conducting Community Needs Assessments, because the models can differ in how to engage with

community members and groups, how data is used to focus on issues, and the kind of organization conducting the needs assessment (Centers for Disease Control, 2015). The models and tools were designed by nonprofits or the CDC. Each tool or model has a brief description describing the tools' purpose and how the tool can be best utilized. Regardless of the model used, all the models emphasize the importance of building broad stakeholder and community engagement.

One of the planning models listed on the CDC's website that could be relevant to the HEZ Initiative is the Community Health Assessment and Group Evaluation (CHANGE) model. Designed by the CDC's Division of Adult and Community Health, the CHANGE model helps identify, plan, and implement policy and systems by assessing the current policy landscape and monitors changes over time (Centers for Disease Control and Prevention, 2010). The CHANGE model involves eight action steps and provides a guide designed to help organization use the tool, as well as provide support in collecting and evaluating data.

The literature review also found a metaanalysis related to the effectiveness of place-based initiatives. The metaanalysis examined the impact of investments in social services or integrated models of healthcare on community health outcomes and spending. The metaanalysis was composed of 39 articles and 82% of them reported improved health outcomes related to housing, nutrition, income support, and community outreach needs (Taylor et al, 2016). Each article presented in the metaanalysis focused on a specific health need related to a community; the metaanalysis had created a summary of findings in the literature categorized by year, study location, study design, and key findings. The authors of the metaanalysis identified opportunities to improve the literature review and one suggestion was to look at a broader set of interventions with methods to determine causal effects on health outcomes.

Fostering engagement in the community is vital to successfully improve health and social outcomes. The literature review identified two meta-analysis that explored the impact of initiatives that utilized community engagement to address social determinants of health. The first meta-analysis determined public health interventions that utilized community engagement strategies targeting disadvantaged groups can effectively impact health, influence the behaviors that impact health, and result in an increased perception of having social supports (Cyril, 2015). The results of the analysis suggested interventions should be based on empowering participants and activities should directly involve the target audience. The second meta-analysis focused on 131 primary studies and found evidence that community engagement interventions can have a positive impact on health outcomes. However, the meta-analysis concluded there is insufficient evidence to determine if one model or method of community engagement is more effective than others (O'Mara-Eves, 2015). This highlights the importance of conducting a needs assessment to identify possible strategies that can successfully engage with the community and create meaningful change.

The literature review highlighted the importance of using place-based initiatives to improve the health of populations experiencing health disparities. The HEZ Initiative, as well as other initiatives identified in the literature review, rely on concepts such as health equity, social determinants of health, and community resilience. The initiatives identified in the literature review utilized Community Needs Assessments to understand the needs of residents. The literature review also demonstrated the need for using a framework to evaluate the effectiveness of place-based initiatives after implementation. Both meta- analyses examined the impact of place-based initiatives on specific health outcomes. One analysis analyzed the impact of integrated models of health care and social services on health outcomes, while the other analysis

attempted to understand the impact of fostering community engagement. However, neither analysis offered a framework for evaluating how an initiative performed during implementation and what its key processes were for improving community health.

### **Specific Aims**

The purpose of this study was to assess how HEZ Collaboratives impacted the health of local communities by creating evaluation criteria based on a strategic planning process for improving community health. The study's null hypothesis is the HEZ Collaboratives should be a successful vehicle for improving community health, because the HEZ Collaboratives are based on concepts such as health equity.

The specific aims of the study were to:

- Analyze each HEZ Collaborative using the Mobilizing for Action through Planning and Partnerships (MAPP) process and to identify opportunities where the HEZ Collaboratives could have improved their processes.
- Compare and contrast similarities and differences that exist between the backbone HEZ organizations regarding addressing community needs.
- Recommend possible models or tools for assessing community needs in the future, as well as recommend strategies or activities that could work in tandem with the HEZ Initiative to improve community health.

### **Methods**

#### **Study Design**

The study will involve analyzing the HEZ Collaboratives use of data, engagement of residents and stakeholders, the development and implementation of strategic plans, and the establishment of a continuous evaluation process. The thesis will be a descriptive study and utilize the Mobilizing for Action through Planning and Partnerships Process (MAPP) as a framework for evaluating the HEZ Collaboratives. The MAPP Process will be reviewed to create guiding questions and dimensions related to the intent and purpose of each phase. Data for the study stems from RIDOH's four-year evaluation plans,

interviews with backbone HEZ organizations, HEZ specific publications, and other secondary sources.

Not all HEZ Collaboratives will be evaluated in this study. The rationale behind this decision is because not all the HEZ Collaboratives have information and data related to their work available to be reviewed. Also, multiple HEZ Collaboratives left the HEZ Initiative before the four-year contract was completed. The five HEZ Collaboratives that will be evaluated in this study are Bristol, Pawtucket and Central Falls, Central Providence, Washington County, and West Warwick. These HEZ Collaboratives were selected because there was documentation of Community Needs Assessments and Action Plans, as well as other resources or evaluations not conducted by RIDOH. The other HEZ Collaboratives' work related to Action Plans and Community Needs Assessments were not able to be found. The five HEZ Collaboratives in the study also continued to exist in their communities after the initial four-year contract.

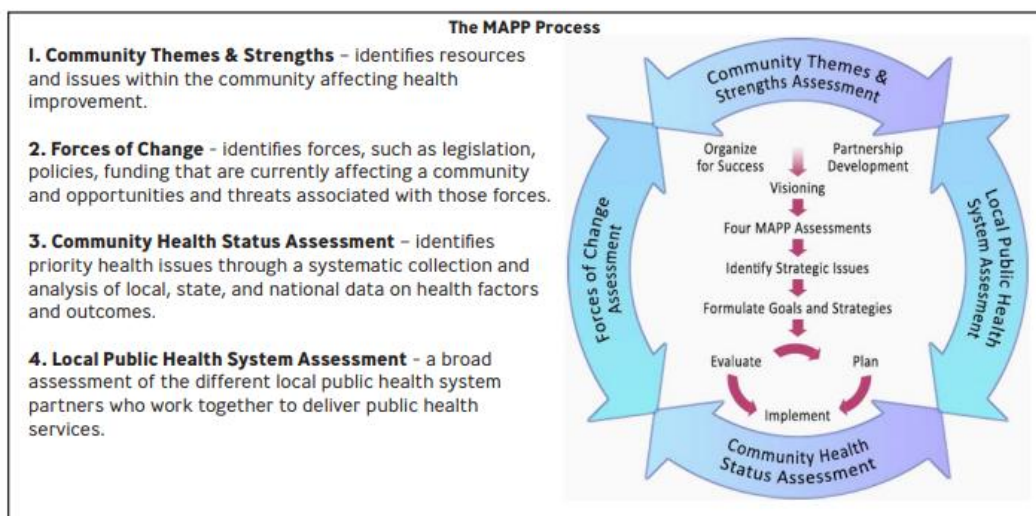
### **Institutional Review Board (IRB) Approval**

An IRB application was completed prior to conducting the study and contacting potential participants. The Institutional Review Board is required to review all research involving human participants to ensure participants' rights and safety are protected. The IRB application included sections on recruitment strategies, the consent process, collecting data, and reducing risks to participants. The IRB chair of the IRB determined this thesis project qualified for expedited review. This was because the study posed a minimal risk related to the participant's employment. The participant's employers may not have wanted information related to the Health Equity Zone Initiative shared that might be considered confidential; if the participant shared confidential information without approval, it might negatively affect their job standing. Risk was minimized by

scheduling the interviews not during work hours to ensure privacy from coworkers and each participants responses were deidentified.

### Using the MAPP Process as a Conceptual Framework

The MAPP Process has six phases that relies on four assessments to assess community needs. A visual of the MAPP Process (Figure 3) below shows the six phases in a linear fashion down the middle of the graphic. Four arrows surround the linear process to illustrate how the four MAPP assessments inform the entire MAPP Process. For this thesis, phases three to six will be used to analyze the HEZ Collaboratives. Phases one and two are focused on creating planned partnerships and developing a shared vision for the HEZ Collaboratives. These phases were excluded from this study for two reasons. One reason was because the RIDOH gave the HEZ Collaboratives a clear vision and purpose; the HEZ Initiative’s goal was to create healthy places for people to live, learn, work, and play (Ausura, 2019). RIDOH also encouraged backbone HEZ organizations to reach out to specific types of organizations when creating the HEZ Collaborative. As a result, it was decided by the principal investigator that the MAPP Process should be used to only focus on the activities each HEZ Collaborative has a significant influence over.



**Figure 3.** A Visual Depiction of the MAPP Process and Its Four Needs Assessments

Phase three of the MAPP Process is about conducting the needs assessments that will be used to identify opportunities for improving community health. The MAPP Process utilizes four assessments, and each one is tailored to understand a different factor related to community health. NACCHO stated that not completing all the assessments would leave an organization with an incomplete understanding of the factors that affect the community's health (NACCHO, 2015). NACCHO provides templates for completing each assessment on its website. The four assessments and focus areas are:

1. **Community Themes and Strengths Assessment** – This assessment is used to identify what residents and stakeholders feel is important to their community. Methods to collect data include public forums, surveys, or focus groups. MAPP had presented a list of questions the organization could ask when interviewing residents and stakeholders.
2. **Local Public Health System Assessment (LPHSA)**– The LPHSA looks at all the entities that contribute to the delivery of public health services in a community. It proposed ten essential services that should occur in the community ranging from population health monitoring to providing linkages in care systems.
3. **Community Health Status Assessment** – The Community Health Status Assessment has a list of core indicators and data points that should be collected. NACCHO recommended utilizing data sources such as the National Center for Health Statistics or the Youth Risk Behavior Surveillance System.
4. **Forces of Change Assessment** - This assessment focuses on identifying forces that can affect how the community and its public health system operate. Organizations could benefit from



using a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to identify forces.

Each of the HEZ Collaboratives were not expected to complete any of MAPP assessments. HEZ Collaboratives were given flexibility to conduct the needs assessments as they saw fit. However, the needs assessments the HEZ Collaboratives did complete should be detailed and fulfill the intent of the four MAPP assessments. For example, a HEZ Collaborative might not have used the LPHSA, but the HEZ Collaborative should have attempted to understand what services were being provided to the community.

Phase four is related to stakeholder engagement and Action Plan development. During this phase, issues are identified by exploring the convergence of the results of each MAPP assessments and determining how the identified issues affect the achievement of the groups shared vision. NACCHO recommends having a steering committee to review the results of the four MAPP assessments and identify strategic issues (NACCHO, 2015). The organization should also have documentation of why some community issues were prioritized over others.

Lastly, phases five and six focus on Action Plan implementation and evaluating the organization's ability to create community change. Phase five is when goals and strategies are developed after reviewing the community issues identified in phase three. The steering committee or the organizations leadership will create strategies to address the identified issues, resulting in the creation of an Action Plan. The Action Plan must have concrete actions that need to be followed, mention the organizations and individuals that need to be involved, the resources required, and a proposed timeline for implementation (NACCHO, 2015). Phase six is called the Action Cycle and involves

three key activities. These activities are planning, implementation, and evaluation. The Action Cycle is similar to continuous quality improvement cycles, because information about how well the organization is achieving their goals is used to inform further improvements in planning and implementation (NACCHO, 2015). Evaluations should focus on the organization's impact related to health equity and utilize data collected in phase three to monitor changes.

### Description of Study Procedure

The last four phases of the MAPP Process were examined to create different dimensions and criterion HEZ Collaboratives should fulfill if lasting community change was created. The dimensions and corresponding phases are:

- **Phase 3** - The effective use of data (both primary and secondary) when conducting the Community Needs Assessment.
- **Phase 4** - The engagement of stakeholders and residents for input in constructing an Action Plan.
- **Phase 5** - The goals and objectives in the Action Plan should be derived from needs identified in the Community Needs Assessment. The HEZ Collaboratives activities were able to address the needs identified in the Community Needs Assessments.
- **Phase 6** - The establishment of a continuous evaluation process for HEZ Collaboratives activities and Action Plans.

For each phase and dimension, a table outlining evaluation criteria was created.

The evaluation criteria were based the research conducted in the literature review, as well as the key actions or goals for each MAPP phase. If a backbone HEZ organization did complete or had a process that met a criterion, then they were awarded a meets criterion. Otherwise, the backbone HEZ organization would be awarded a partially met or not met criterion. Backbone HEZ organizations with not met or partially met criterion will be further elaborated upon in the results section. The four tables and criteria are:

Key Activities, Goals, or Process Related to MAPP Phase 3	Met	Partially Met	Not Met
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Community Needs Assessment provided an understanding of the issues residents felt were important			
Current services being provided to the community were identified			
Quality of life issues related to the community were identified			
The organization recognized forces of change that could improve community health			
Essential Services being provided to the community were identified			

<b>Key Activities, Goals, or Process Related to MAPP Phase 4</b>	<b>Met</b>	<b>Partially Met</b>	<b>Not Met</b>
Strategic issues were identified by reviewing the finding from the Community Needs Assessment			
Stakeholders arrived at an understanding of why certain issues should be considered strategic			
The stakeholders recognize the consequences of not addressing certain issues by considering the urgency or immediacy of the issue			
Issues were arranged in priority order by considering how they relate to one another			

<b>Key Activities, Goals, or Process Related to MAPP Phase 5</b>	<b>Met</b>	<b>Partially Met</b>	<b>Not Met</b>
Goals in Action Plans were related to the vision and the identified strategic issues			
Multiple strategies and strategy alternatives to address the goals were created			
Action Plan goals and strategies considered barriers to implementation, such as insufficient resources, lack of community support, legal or policy impediments, or technological difficulties			
How strategies were chosen was documented			
The Action Plan was concretely laid out and used SMART Goals			

<b>Key Activities, Goals, or Process Related to MAPP Phase 6</b>	<b>Met</b>	<b>Partially Met</b>	<b>Not Met</b>
Objectives were realistic and measurable, as well as related to each strategic goal.			
Accountability was established by identifying responsible parties.			
Action Plans were reviewed to look for opportunities to coordinate and combine resources for maximum efficiency and effectiveness			
Action Plans were implemented, and progress was monitored			

The process for evaluating Action Plan progress involved creating evaluation questions, as well as having a methodology and plan for carrying out the evaluation			
The results of the evaluation are used and shared with others consistently			

Each HEZ Collaborative will be examined individually based on the dimensions identified in the MAPP Process. This will be done by reviewing the study’s primary data sources and summarizing the HEZ Collaboratives performance for each criteria. In the discussion section, recurring themes or trends identified across the HEZ Collaboratives will be reviewed. Possible opportunities for the HEZ Collaboratives to better improve or address community health needs will also be offered. Lastly, major findings of this study will be discussed in the context of existing knowledge and if the study’s null hypothesis should be rejected.

**Primary Data Sources**

RIDOH required backbone HEZ organizations to submit a Health Equity Evaluation Plan after a four-year funding period. These evaluations contained information about the types of stakeholders involved with the HEZ Initiative and information about each HEZ Collaborative’s activities. At the end of the Health Equity Evaluation Plan there is a section about how the HEZ Collaboratives evaluated their impact on the target communities and how the evaluations were shared with other stakeholders. In some cases, the backbone HEZ organizations referenced its Action Plans and how goals were chosen, as well as data sources used and collection frequency. The Health Equity Evaluation Plans will be used to answer the questions in each phase.

Interviews were conducted with employees from the background HEZ organizations. The participants often held a managerial or leadership position within the organization. The participants roles often involved working with Health Equity Zone staff, leaders, external evaluators, and partners on multiple projects in community health and clinical settings. The

interviewees also worked with the RIDOH HEZ Evaluator to support the design, implementation, and evaluation of their HEZ Collaborative. The participants contact information was obtained from a document created and shared online by RIDOH. The length of the interview ranged from half an hour to an hour. Interviewees were given the opportunity to elaborate and provide in depth responses to questions the interviewees felt were of extra importance. The interview questions are attached in this paper's Appendix.

The interview questions were based on the MAPP Process and the criterion created by the principal investigator, as well as the subject matter found during the literature review. The goal of the interviews was to present an opportunity for background HEZ organizations to share how Community Needs Assessments were conducted, the results of the needs assessment, how the HEZ Collaborative's Action Plan was developed and acted on and provide evidence showing the HEZ Collaboratives impact on identified needs. The interviews also allowed members of the backbone HEZ organizations to share any additional data or resources the backbone HEZ organization produced for the public or other stakeholders, as well as provide knowledge about the HEZ Collaborative that could not be gleaned solely from RIDOH reports. The results of the interviews were applicable to each phase of the MAPP Process and the created criteria.

RIDOH encouraged the HEZ Collaboratives to share the results of evaluations with community members and other stakeholders. In some cases, the HEZ Collaboratives created annual reports or a brief two-page fact sheet. The fact sheets contained background information about the HEZ Collaborative, a section about programs or services currently being offered through the HEZ Collaborative and an update on the HEZ Collaborative's strategic plan and future goals or tasks. Annual reports created by the HEZ Collaboratives serve as a way to inform interested parties about each HEZ Collaborative's history and strategies to improving community

health. These HEZ specific publications were used to supplement the information gleaned from the interviews with the employees at each HEZ Collaborative and the RIDOH evaluations. The HEZ specific publications were primarily used to answer the criterion and dimensions related to phases four and five.

### **Other Utilized Data Sources**

Other sources of data included legislative reports from the Rhode Island Commission for Health Advocacy and Equity, HEZ Electronic Newsletters, and articles submitted to academic journals. The reports from the Rhode Island Commission for Health Advocacy and Equity were conducted in 2015, 2017, and 2020. The reports were focused on Rhode Island's Health Equity Measure Set. Some of the reports mention the HEZ Initiative, as well as how the HEZ Initiative has directly impacted some of the health equity measures through the work of the HEZ Collaboratives. The reports were used to partially answer the criterion in phase five.

Rhode Island College's database was used to find articles and data related to the HEZ Initiative, as well as information about other place-based strategies that could be used to improve population health. This included the work done by Rhode Island Department of Health's Community Health Assessment Group; the group helped engage community partners and develop recommendations for improving health outcomes at a local level. Many of the HEZ Collaboratives received support from the Community Health Assessment Group to complete initial Community Needs Assessments, in addition to previous assessments done by other local organizations. This research was used in the analysis of phases three and four, specifically regarding why the HEZ Collaboratives prioritized some activities over others and how stakeholders were engaged.

## Results

### MAPP Phase 3: Data Collection

#### Washington County HEZ

The principal investigator was unable to interview staff from the backbone HEZ organization Health Bodies Healthy Minds (HBHM) about the initial Community Needs Assessment. HBHM's lead HEZ Collaborative contact stated they were not employed by HBHM when the original Community Needs Assessment was conducted. The HEZ Collaborative contact did provide the principal investigator with multiple documents related to the HEZ: a Behavioral Health Needs Assessment from 2020 and its subsequent Action Plan, two Community Health Needs Assessments conducted in 2019 for South County Health and Yale New Haven Health by the Hospital Association of Rhode Island (HARI), and a document titled "Policy Platform" that was shared at a Steering Committee meeting. A copy of HBHM's most recent Action Plan was also unable to be obtained.

The Washington County HEZ's Community Needs Assessment was able to identify important quality of life issues of residents. The HEZ Collaborative utilized the Community Health Needs Assessment (CHNA) study that was currently underway in 2015 to gain a deeper understanding of Washington County's residents' health needs. Both Westerly Hospital and South County Health participated with HARI and other member hospitals across Rhode Island to conduct a statewide comprehensive CHNA. The CHNA utilized a mix of primary and secondary research to identify health trends and health disparities across Rhode Island and within individual hospital service areas (South County Health, 2019). Primary research methods included interviews with key community stakeholders who could represent community interests, while secondary research methods were used to collect statistical data to identify health trends. HBHM

used data already collected to identify the region's primary health concerns which included behavioral health and the prevalence of heart disease and diabetes. The four-year HEZ Collaborative report stated the Steering Committee felt there was no need to implement another CHNA (Healthy Bodies Healthy Minds, 2020). Using the CHNA as a primary data source was a sound choice, because the CHNA reviewed multiple health indicators and demographic information of residents who lived in Washington County.

The data from the CHNA was only one part of the HEZ Collaborative needs assessment. HBHM still needed a process in place to collect information pertaining to what residents felt were important, as well as identify what resources were being offered to the community. To do this, HBHM leveraged its connections with Westerly Hospital and have them conduct a Professional Quality of Life (ProQOL) survey on the HEZ Collaborative's behalf (Healthy Bodies Healthy Minds, 2020). That survey was used to better understand the needs of residents who served in the community, such as nurses and social workers, and identify opportunities for the HEZ Collaborative to better support them. By utilizing the CHNAs of Westerly Hospital and South County Health, the HEZ Collaborative can expect this assessment to be conducted every three years and remain relevant.

Over the course of four years, the Washington County HEZ also conducted its own assessment in each neighborhood that made up Washington County to identify disparities and pockets of poverty. Each assessment was similar in scope and question length. For all the assessments, the Washington County HEZ met with town managers and planners to identify vulnerable neighborhoods. The HEZ Collaborative learned that the villages or neighborhoods of Washington County often fell below the census tract and census block levels, meaning the HEZ Collaborative needed to create its own methodology for analyzing health needs in these areas



(Healthy Bodies Healthy Minds, 2020). The HEZ Collaborative asked large healthcare providers in the area to share de-identified health diagnostic code data for patients living on identified streets and then cross walked this data with police call reports and census block data to better understand the health needs and burdens of residents (Healthy Bodies Healthy Minds, 2020). HBM also collaborated with local school districts to conduct a Community Stress Survey with families. These findings were used to create a summary profile for each of the target communities to share with key stakeholders and residents, however these findings were not made public to protect against the stigmatization of the residents (Healthy Bodies Healthy Minds, 2020). The information in the profiles was used by the HEZ Collaborative to refocus its services and secure additional resources such as grant funding. While the information gleaned from the assessments was helpful and used by other collaborative members, the information did not directly ask residents about their perceived needs. The results were also not shared with the community at large, meaning there might not have been a process in place for having residents confirm the accuracy of the HEZ Collaboratives interpretation of the results.

There was also no clear indication if the HEZ Collaboratives initial needs assessment examined what resources were currently in the community or possible forces of change. The RIDOH four-year evaluation mentioned that an online reporting system was used semi-annually to record stakeholder feedback about the presence of major barriers and facilitators related to the HEZ Collaboratives work. Neither the four-year evaluation or other sources provided by the Washing County HEZ mentioned looking for or augmenting pre-HEZ Collaborative initiatives. If the HEZ Collaboratives did not look at the work being done in the community, then the HEZ Collaborative might have benefited from developing a process for determining activities that could address the health needs of residents. The Washington County HEZ might have conducted

an assessment related to barriers at the beginning of the first needs assessment. For example, the Washington County HEZ might have conducted an initial SWOT analysis at a Steering Committee meeting. It is unclear if one did occur. In either case, a public, community driven process for identifying barriers and facilitators related to residents is needed. Not having a process in place could result in the HEZ Collaborative not identifying key barriers for residents or focusing on barriers that are not the most significant to residents.

Washington County HEZ did have a data collection process that used a combination of primary and secondary data. The Washington County HEZ conducted its own assessments and used data provided from other organizations, particularly from the healthcare organizations Yale New Haven Health and South County Health. Having data from multiple sources can provide a more holistic view of residents compared to using only one data source. Utilizing data from other sources can also save a HEZ Collaborative valuable time and energy when conducting needs assessments. The Washington County HEZ used this saved time and energy to meet with town managers and planners to connect the patient data from local healthcare organizations with census data, allowing them to determine the health needs of specific groups of residents.

### **Pawtucket and Central Falls HEZ**

The staff at Pawtucket and Central Falls backbone HEZ organization, LISC Rhode Island, were unable to participate in an interview due to limited administrative capacity. LISC Rhode Island's Assistant Program Officer provided the most recent copy of the PCF HEZ's Action Plan, as well as the HEZ Collaborative's most recent Report to the Community from 2019. An Action Plan was developed in 2020 and was planned to be shared with the community and other stakeholders, but the COVID-19 pandemic caused the HEZ Collaborative to shift its focus towards supporting the Pawtucket and Central Falls communities' immediate needs related

to COVID-19. As a result, the 2020 Action Plan has not been made publicly available and will need to be updated before it is shared with the public. The 2019 Report to the Community provided could be found on LISC's website.

The Pawtucket Central Falls HEZ had one of the strongest needs assessment processes compared to the other observed HEZ Collaboratives. The PCF HEZ's deep understanding of the communities' health issues, needs, and opportunities to create change stemmed from its partnership with the Rhode Island Public Health Institute (RIPHI) to develop a "community listening tour". RIPHI started the listening tour process by compiling a report of existing needs assessment data for Central Falls and Pawtucket to use as a baseline. While the HEZ Collaborative was collecting previous needs assessments, the HEZ Collaborative conducted more than one hundred and thirty one-on-one interviews with residents, as well as held numerous focus groups (LISC Rhode Island, 2019). These interviews and focus groups were used during year one to conduct a Strengths, Weaknesses, Opportunities and Threats (SWOT) assessment. It is important to note the SWOT assessment was created from a resident perspective, rather than the perspective of the HEZ Collaborative. Focusing the SWOT analysis from a resident perspective is vital, because residents are the intended group of people the HEZ Collaboratives want to serve.

In addition to the focus groups and interviews, the Pawtucket and Central Falls HEZ utilized four previously conducted assessments as part of the baseline data of its community listening tour. These included Central Falls (CF) Neighborhood Health Check and Environmental Assessment, A Qualitative Assessment Of Community Health Needs and Concerns in Central Falls RI, The Healthy Places by Design Assessment, and Memorial Hospital's Community Health Needs Assessment. In 2013, Memorial Hospital in Pawtucket

worked with its CHNA partners to identify the needs of the communities served. The CHNA was composed of qualitative and quantitative sources, such as an analysis of RI Department of Health's BRFSS and Secondary Data and Key Informant Surveys and Focus Groups with Providers (LISC Rhode Island, 2019).

The Pawtucket and Central Falls HEZ identified mental health, obesity, and access to health care as its top health concerns. Some of the sources of data, such as the CHNA from Memorial Hospital, were collected before the HEZ Initiative and the health needs previously identified might have changed. Having data from before the HEZ Initiative can be useful because it provides historical context of resident's health. Another benefit of using previously generated reports is the reports were often focused on specific community issues. For example, the Healthy Places by Design Assessment examined how local ordinances effected the cities environment and the health of residents, whereas the BRFSS looked at health-related risk behaviors, chronic health conditions, and the use of preventive services. The HEZ Collaborative utilized these reports to provide a holistic view of the president's health needs and what factors influence the health of residents.

The HEZ Collaborative had a process in place for sharing the results of the listening tour. RIPHI and LISC staff summarized the results of the assessments and de-identified interviews to create a list of major themes. The results of the community listening tour were shared at a community meeting in late 2015. Some of these individuals from the community meeting then participated in the HEZ Collaboratives working groups to create the Building Healthy Neighborhoods Action Plan. By sharing the results in a community meeting, the HEZ Collaborative fostered transparency and valued the input of residents.

**West Warwick HEZ**

The HEZ program manager from the Backbone HEZ organization Thundermist was interviewed. The program manager provided a plethora of resources including an Opioid Needs Assessment from 2019, a report generated for one of its grant funders, and the HEZ Collaborative's most recent Action Plan. It was not possible to receive a copy of the original Community Needs Assessment from 2016 or its subsequent Action Plan.

The HEZ Collaborative leveraged multiple sources of data to understand the health needs of the West Warwick community. The initial Community Needs Assessment utilized data sources such as the Rhode Island Kids Count Factbook, the RI Data Hub, and Prevent Overdose RI. These data sources often identified the specific needs of the West Warwick community. For example, Prevent Overdose RI provided data about substance use and overdoses in the town, while Kid's Count Factbook provided data related to children's food needs or education. Having multiple sources that focus on different health needs allowed the HEZ Collaborative to determine what issues were the most pressing. The backbone HEZ organization also created a EMR data report to identify community health needs or issues (West Warwick Health Equity Zone, 2019). The EMR data report was useful because it collected data quarterly and some of the collected measures were related to social determinants of health, such as food insecurity screening rates at Thundermist or the number of teens given long-acting reversible contraceptives. The backbone HEZ organization Thundermist is a Federally Qualified Community Health Center, meaning many of Thundermist's clients are from underserved areas or come from groups of people who are socially disadvantaged. The clients who use Federally Qualified Community Health Centers are often the residents who would be the most impacted by the HEZ Collaboratives efforts to

improve community health. The EMR data should have provided a strong snapshot of the health needs of West Warwick residents who need the most support.

In addition to the reports, the HEZ Collaborative completed a Community Health Living Index (CHLI) to understand needs and issues related to physical activity. The CHLI is a needs assessment process that engages hundreds of residents, and is composed of six assessment areas focused on community settings. The settings include afterschool childcare sites, early childhood programs, neighborhoods, schools, work sites and the community at large (West Warwick Health Equity Zone, 2019). Each assessment area contained questions about the town or area's policies and practices that support healthy lifestyles; each question was designed to suggest an improvement idea to implement. 255 residents offered ideas related to healthy environment initiatives, planning for more citywide recreation programs, and solutions for improving public transportation (West Warwick Health Equity Zone, 2019). The CHLI provided the West Warwick HEZ with a tool and a process for collecting data directly from residents. A benefit to using the CHLI was the ideas offered by residents were structured in a way the West Warwick HEZ could immediately respond to when developing its Action Plan.

Lastly, the West Warwick HEZ used an outside consulting agency to complete its more recent Community Needs Assessments. Similarly to the Washington County HEZ, the agency used the services of the consulting agency Baker Tilly. One of the reasons why the West Warwick HEZ worked with Baker Tilly to complete a new Community Needs Assessment was because a new one was needed as part of an RFP issued by the Rhode Island Foundation. The employees at Baker Tilly had their own proprietary approach to conducting Community Health Needs Assessments, and Baker Tilly assessments were often led by previous members of the healthcare industry or people who know the area. Working with a consulting agency to complete

needs assessments can be a successful strategy when paired with people who know and can connect with the community. Before the Program Manager of the West Warwick HEZ worked at the backbone HEZ organization full time, she supported Baker Tilly in conducting a Community Needs Assessment for the West Warwick HEZ; her previous work experience and lived history bolstered Baker Tilly's ability to reach out to key informants.

### **Bristol HEZ**

The Bristol HEZ Collaborative was one of the original backbone HEZ organizations that received funding in 2015. The HEZ Collaborative was led by the town of Bristol and partnered with the following five primary local organizations: Bristol Warren Thrive by Five and Beyond, East Bay Food Pantry, East Bay Community Action Program (EBCAP), Bristol - Warren Regional School District, and Mosaico Community Development Corporation (Bristol Health Equity Zone, 2020). Staff at the Bristol HEZ were unable to participate in an interview due to a lack of employee availability. However, an employee at the Bristol HEZ shared a copy of the HEZ Collaborative's Re-Assessment of Health Needs in the Community conducted in 2020 and the June 2019 to July 2020 End of Year Report. The End of Year Report highlighted the HEZ Collaborative's activities and the impact of COVID-19 on service delivery. A current Action Plan for the Bristol HEZ was unavailable, but the June 2019 to July 2020 End of Year Report mentioned the key points of the HEZ Collaborative's most recent Action Plan.

The Bristol HEZ Collaborative used multiple sources of data to form its Community Needs Assessment. Sources of data for the Community Needs Assessment included the Baseline Assessment of Health Needs in the Community, Community Partners Outreach Survey, and focus groups.

The Baseline Assessment of Health Needs in the Community assessment was conducted by the Bristol HEZ with the support of a consulting firm named The Horsley Witten Group. There was a version of the assessment for adolescents or high schoolers, as well as a version for adults. The Baseline Assessment of Health Needs in the Community was designed to be a comprehensive assessment of resident needs compared to current educational programs and services being offered to the community, with a focus on identifying services that address health risks and needs (Bristol Health Equity Zone, n.d). The assessment for adults was conducted in 2016 at the Franklin Court Independent Living Facility, one of the HEZ Collaborative's partners. Bristol County Elks Lodge #1860 helped host a free Spaghetti Dinner for the community to kick off the implementation of the Baseline Assessment of Health Needs in the Community (Bristol Health Equity Zone, n.d). Over 125 community members attended and approximately 60 hard-copy assessments were completed during the event. In addition to completing the assessment, most participants stayed after completing the assessment to socialize and learn more about the Bristol HEZ. The other Baseline Assessment of Health Needs in the Community was also administered at Mt. Hope High School and had responses from students on the Swim Team, National Honor Society, Gay Straight Alliance, Art Club, and Extended Day Program (Bristol Health Equity Zone, n.d). There were 110 responses in total for the adolescent and high school version. Tailoring the needs assessment towards different age groups showed that HEZ Collaborative recognized the needs of an adolescent might be vastly different compared to the needs of an older adult. Creating variations of the assessment also allowed to the HEZ Collaborative to capture more information than administering a generic survey.

The Community Partner Outreach Survey helped the Bristol HEZ identify what services were currently being offered in the community and if there were specific resident health needs.



The Bristol HEZ reached out to different organizations in the Bristol area via email to better understand the community's stories related to health issues, community strengths and weaknesses, and health indicators related to at-risk populations (Bristol Health Equity Zone, n.d). There were forty responses in total and the HEZ Collaborative used to identify potential HEZ Collaborative members and focus areas. For example, the Community Partner Outreach Survey revealed clients at multiple organizations could benefit from trainings on how to cook and prepare meals, there were significant needs for improving public transportation, and there was a lack of information or education about services related to social determinants of health (Bristol Health Equity Zone, n.d). It is important to note that the HEZ Collaborative did not mention if other data sources were used to identify health needs or trends. As a result, the identified needs might have been limited to only what the potential HEZ Collaboratives had to offer for data and the resident surveys.

### **Central Providence HEZ**

The Health Equity and Evaluation Manager from the backbone HEZ organization One Neighborhood Builders (ONE|NB) was interviewed. During the interview, the Health Equity and Evaluation Manager went over how the HEZ Collaborative conducted its needs assessments, the ONE|NB's current and past initiatives, and explained what processes were in place to evaluate the HEZ Collaboratives impact on community needs. The Health Equity and Evaluation Manger provided the HEZ Collaboratives Action Plan for years 2020 and 2021, a report titled *Perceptions and Activities of Olneyville Residents*, and a presentation made for key stakeholders that highlighted the progress of the HEZ. The Health Equity and Evaluation Manager stated all these reports and documents were completed before the COVID-19 Pandemic and will be modified accordingly in late 2021.

The Central Providence Health Equity Zone was an extension of the Olneyville Health Equity Zone. The decision to expand the Olneyville HEZ and rename themselves as the Central Providence HEZ occurred in 2018. The logic behind the expansion was because the nearby neighborhoods (Hartford, Valley, and Federal Hill) had similar characteristics to Olneyville and there were less community organizations that could do the work of a HEZ Collaborative.

One of the HEZ Collaboratives primary sources of data for its initial Community Needs Assessment was its Center for Health Equity and Wellness resident survey conducted in 2014. 185 resident survey responses were collected during the month of May 2014 and the surveys were conducted by ONE|NB employees who were familiar to the neighborhood (One Neighborhood Builders, 2019). The staff were divided into teams of two surveyors who were bilingual in English and Spanish. The surveyors went door-to-door to interview residents. This meant that when a resident requested a survey in Spanish, the team conducted the survey in Spanish directly from a previously translated survey. Having a bilingual team that knew the local area allowed the HEZ Collaborative to collect responses from families that might not speak English as their primary language. It should have helped ensure the HEZ Collaboratives identified needs were reflective of all residents, regardless of linguistic barriers.

The survey was composed of seventy-three questions divided into eight key topic areas. The questions were used to gather residents' opinions on topics such as resident engagement, quality of parks, sidewalks and roadways, biking use, and prevalence of crime (One Neighborhood Builders, 2019). The results of the survey were used to develop the 2015 HEZ Action Plan. It should also be noted that the data collected from the surveys was used as comparative data to measure the HEZ Collaboratives impact. ONE|NB utilized the survey again in the spring of 2015 and the fall of 2017 (One Neighborhood Builders, 2019). Conducting the

same survey in 2015 and 2017 saved the HEZ Collaborative time and energy, because the resident survey allowed the HEZ Collaborative to reassess residents needs and evaluate the collaborative impact simultaneously. Many of the questions asked in 2017 were also utilized in the Community Needs Assessment conducted in late 2019.

In addition to the 2014 Health Equity and Wellness resident survey, the Central Providence HEZ leveraged a plethora of previous assessments about the Olneyville community. The HEZ Collaborative utilized the 2011 RI Department of Health Action for a Healthier Olneyville assessment, the 2012-2014 Housing and Urban Development Choice Neighborhood Initiative, the 2013-2015 RI Department of Health Center for Health Equity and Wellness Initiative, and the 2014-2016 U.S. Department of Justice Byrne Criminal Justice Innovations project (One Neighborhood Builders, 2019). These assessments identified health inequities that existed for minority populations in Rhode Island, as well as provided recommendations for reducing the health impact of these inequities. The HEZ Collaborative was able to filter the reports to identify what was important for Olneyville and Central Providence and incorporate those results into its Action Plan.

### Summary of HEZ Performance

Key Activities, Goals, or Process Related to MAPP Phase 3	Washington County	Pawtucket and Central Falls	West Warwick	Bristol	Central Providence
Community Needs Assessment provided an understanding of the issues residents felt were important	Met	Met	Met	Met	Met
Current services being provided to the community were identified	Met	Met	Met	Not Met	Met
Quality of life issues related to the community were identified	Met	Met	Met	Met	Met
The organization recognized forces of change that could improve community health	Not Met	Met	Met	Not Met	Met
Essential Services being provided to the community were identified	Met	Met	Met	Met	Met

## **MAPP Phase 4: Stakeholder Engagement**

### **Washington County HEZ**

HBHM internal documents emphasized the importance of building stakeholder engagement to be successful. To foster stakeholder engagement, HBHM created a Steering Committee composed of senior leaders from local organizations. These leaders came from a variety of backgrounds including healthcare, education, and social services. The leaders were invited to participate because HBHM believed the members could support the HEZ Collaborative with their skillsets, resources, and commitment (Healthy Bodies Healthy Minds, 2020). For example, some of the leaders included the URI Provost, SCH President & CEO, Thundermist President & CEO, and the Assistant Superintendent of South Kingstown Schools. The HBHM Steering Committee was responsible for setting direction, identifying priorities, tracking progress on the action plans, establishing processes, making recommendations, and facilitating action on behalf of HBHM. Having influential members across multiple industries can help the HEZ Collaborative acquire support, as well as help identify issues that are strategic and have significant impact across all of Washington County.

The Washington County HEZ has benefited from having a Steering Committee composed of key leaders and decision makers who represent the Washington County community. During the first three years of HEZ funding, HBHM was able to grow the collaborative and engage more organizations. Many of these organizations went on to participate in HBHM's Work Groups and Committees and supported the HEZ Collaborative's activities (Healthy Bodies Healthy Minds, 2020). However, the Steering Committee may have benefited from having less representation from institutions and more direct representation of residents. Many of the Steering Committee members were senior leaders in other organizations with

significant commitments. The senior leaders' positions on the Steering Committee were also multiple steps away from the direct work being done by the HEZ Collaborative.

### **Pawtucket and Central Falls HEZ**

LISC and stakeholders from multiple industries came together to determine strategic issues. Some of the individuals who participated in the working groups included residents, nonprofit stakeholders, local government representatives, and health care providers. Some the community organizations in the workgroups had worked together on previous projects and activities in varying degrees, but not all together at one time (LISC Rhode Island, 2019). In addition to the working groups, three standing committees were formed to guide the HEZ Collaborative. These were a Action (steering) Committee, a Evaluation Committee, and a Community Engagement Committee (LISC Rhode Island, 2019). These three committees served three key functions: strategizing HEZ Collaborative priorities, collecting evaluation data for grants, and reaching out to potential community stakeholders. The working groups assisted in developing strategies to address community needs. These working groups proposed specific and achievable activities that could be used in an Action Plan. The HEZ Collaborative committees and workgroups helped create a nexus where key stakeholders could convene and identify strategic issues pertinent to the community. It also meant the decision to focus on specific strategies and activities extended beyond one committee or a select group of people.

### **West Warwick HEZ**

The West Warwick HEZ engaged a variety of stakeholders through its steering committee, work groups, and Community Ambassadors. The Steering Committee was composed of representatives from the West Warwick Police Department, the West Warwick Library, the West Warwick Senior Center, The Providence Center, FarmFreshRI, Westbay CAP, Southpointe

Church, and the YMCA (West Warwick Health Equity Zone, 2019). The Steering Committee met once per month and worked on increasing community awareness about the HEZ Collaborative. The Steering Committee also worked on implementing the Action Plan that was developed at the end of years three and four of the initial HEZ funding period. The Steering Committee was diverse, and all of its members played significant roles in the West Warwick community.

The HEZ Collaborative's workgroups played a vital role in prioritizing HEZ Collaborative activities. Each workgroup sent a representative to the monthly Steering Committee meetings to report on the group's progress and provide data related to the Action Plan's focus areas (West Warwick Health Equity Zone, 2019). The most recent workgroups included a food access work group, a teen health work group, and an overdose prevention and recovery work group. Having workgroups be represented at the Steering Committee helped ensure all Steering Committee members were aware of what was going on related to each focus area. It also meant data about the HEZ Collaborative's activities' performance was frequently shared with the Steering Committee.

Community Ambassadors promoted the work of the HEZ Collaborative through their personal networks within the community and hosted community events. There were seven Community Ambassadors at one point; Community Ambassadors were West Warwick residents who were trained by the HEZ Collaborative about topics such as social justice, health equity, community engagement, and advocacy (West Warwick Health Equity Zone, 2019). In addition to sharing HEZ Collaborative information among residents, the Community Ambassadors worked directly with the chair of each workgroup. Having the Community Ambassadors help lead the workgroups ensured there was a community voice that guided the group's work. The

Community Ambassadors were also able to provide feedback and suggestions on what activities or programs might be beneficial to residents.

### **Bristol HEZ**

The Bristol HEZ created different groups with varying levels of participation to help prioritize the activities of the HEZ Collaborative. Some of the different groups created were the Core Group, the Stakeholder Group, and the Topic Expert Group. The Core Group included members of the Steering Committee who could support the day-to-day implementation of HEZ Collaboratives' activities. The Core Group and Steering Committee also helped develop the HEZ Collaboratives primary focus areas. The Stakeholder Group was composed of important decision-makers in Bristol such as the Town Administrator, Town Council/Planning Board members, the Bristol School Superintendent, and V.P. from Roger Williams University (Bristol Health Equity Zone, n.d). The Stakeholder Group helped the Bristol HEZ determine what strategies or issues could be realistically completed and have the highest impact on Bristol residents. Lastly, the Topic Expert Group provided subject matter expertise on the activities related to each focus area. The group was composed of HEZ Collaborative members and members of the community. Delegating different responsibilities between multiple groups could help even the workload between participants and prevent burnout among participants. Many of the participants in the HEZ Collaborative provided their time, experience, and focus on an in-kind manner. By sharing responsibilities in determining focus areas and HEZ Collaborative activities, no one group, or person was the sole decision maker for determining what the HEZ Collaborative should do. This should have resulted in the HEZ Collaborative's focus areas and activities being well rounded and the product of different viewpoints.

### **Central Providence HEZ**

The Central Providence HEZ utilized a Steering Committee to guide the direction of the HEZ Collaborative and shape its Action Plan. The Steering Committee was composed of members representing healthcare organizations, housing advocates, and resident engagement experts. The HEZ Collaborative also created “Neighborhood Links”; these were organizations in the three new neighborhoods, and the Neighborhood Links served as connectors between the backbone HEZ organization and the new neighborhood’s stakeholders (Central Providence Health Equity Zone, n.d). The HEZ Collaborative also engaged the community through its Community Health Workers. The role of Community Health Workers was to observe for trends in community needs and report back to the Steering Committee so programmatic adjustments could be made as needed. When the HEZ Collaborative expanded, it increased its catchment area of residents by almost three times. Establishing Neighborhood Links made it easier for decisions and strategies to be implemented across the HEZ Collaboratives new neighborhoods. Having Community Health Workers report to the Steering Committee meant the committee members received feedback from people who were consistently interacting with residents.

The Health Equity and Evaluation Manager stated one of the HEZ Collaboratives strengths was its ability to engage with the community. The HEZ Collaborative utilized the Neighborhood Links to create an email list of residents, as well as establish a strong social media presence. Even though the backbone HEZ organization only had a physical site in Olneyville, the Neighborhood Links were able to support HEZ Collaborative activities and initiatives in the other neighborhoods.

Since year four of initial HEZ funding from RIDOH, the HEZ Collaborative’s leadership structure and how strategic decisions were made changed significantly. The Evaluation Manager



stated the original Steering Committee no longer convened frequently and there were only a handful of working groups still active. As of early 2021, the leadership structure changed to be only the Steering Committee. The Steering Committee was expanded to include representation from the HEZ Collaborative’s Neighborhood Links and was partially composed of the HEZ Collaborative’s clinical partners. Some of the new partners included the Providence Housing Authority, Providence Community Health Centers, and Project Weber/RENEW. The change in leadership structure meant HEZ Collaborative related issues or challenges could be immediately brought to the Steering Committee to be addressed. Previously, issues had to be brought to working groups and then escalated to the Steering Committee. The HEZ Collaborative also established an advisory council to reach out to residents and solicit opinions or ideas regarding how to better support the community.

**Summary of HEZ Performance**

<b>Key Activities, Goals, or Process Related to MAPP Phase 4</b>	<b>Washington County</b>	<b>Pawtucket and Central Falls</b>	<b>West Warwick</b>	<b>Bristol</b>	<b>Central Providence</b>
Strategic issues were identified by reviewing the finding from the Community Needs Assessment	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>
Stakeholders stemmed from multiple sectors	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>
Stakeholders arrived at an understanding of why certain issues should be considered strategic	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>
The stakeholders recognize the consequences of not addressing certain issues by considering the urgency or immediacy of the issues	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>

**MAPP Phase 5: Action Plan Development and Implementation**

**Washington County HEZ**

The Washington County HEZ identified multiple priority areas to improve the health of Washington County residents. Two main priority areas were behavioral and mental health, as

well as physical health and nutrition. The priority areas were based on the CHNA and the smaller studies conducted by the HEZ Collaborative. HBHM focused on addressing behavioral health and chronic disease issues because the HEZ Collaborative partners wanted to focus more on preventative care, create conditions that enable residents to make their own health decision, and implement evidence-based programs (Healthy Bodies Healthy Minds, 2020). HBHM also deliberately chose to target initial programming towards children and families, because HBHM believed this age group's lifelong health trajectories would be the most impacted by HEZ Collaborative interventions. The Washington County HEZ's decision to focus on children and families follows the life course approach to health equity. Childhood is a critical period for one's development and focusing on the determinants of health while the person is young can result in significant changes in their health trajectory and prevent serious health issues arising later in life. The Washington County HEZ's specific focus on children and families also meant the initial creation and prioritization of HEZ Collaborative activities were narrower in scope, but also more targeted. This would help reduce the likelihood of the HEZ Collaborative overextending itself on what it can do and lose its focus on the community's needs.

HBHM utilized Work Groups and Committees to develop objectives and activities for its Action Plan. The Work Groups and Subcommittees were made up of multi-sector members and a handful of residents with lived experience. Participation in the Work Groups were open to anyone who wanted to participate, however most members had subject matter or content expertise related to the specific Work Group or Committee, a personal or professional interest, or lived experience that could be used to guide and carry out HBHM action steps. HBHM recognized some of its workgroups and committees lacked representatives with lived experience and had a goal to try to incorporate more people with lived experience into the Work Groups and

Committees (Healthy Bodies Healthy Minds, 2020). As a result, the HEZ Collaborative explored how other counties created widespread community engagement. For example, an internal HBHM report mentioned the HEZ Collaborative may benefit from an online approach to fostering community engagement and HBHM had looked at outreach models in other states (Healthy Bodies Healthy Minds, 2020). By not engaging with residents and having them help prioritize strategies in response to identified needs, the HEZ Collaborative risked prioritizing needs that were not the most important to the community, as well as not develop strong solutions to resolve those needs.

Unfortunately, it was not possible to obtain a copy of the HEZ Collaboratives original Action Plan from 2016. However, the HEZ Collaborative contact did provide a document titled “Policy Platform”. The document was made in 2020 and summarized key points related to the HEZ Collaborative’s largest initiatives. The policy platform was divided into three sections including physical health needs, mental health, and building healthy communities (Healthy Bodies Healthy Minds, 2020). Within each section were broad goals or visions the Washington County HEZ hopes to achieve one day. For example, one of the goals was to assure equal access to both physical and mental health care, as well as access to a full array of recovery oriented, behavioral health services and supports (Healthy Bodies Healthy Minds, 2020). While the draft does not identify all the initiatives or activities the HEZ Collaborative engaged in, it does provide a clear vision statement on what direction the HEZ Collaborative wanted to take to improve the overall health of Washington County. However, not sharing previous drafts of Action Plans publicly creates a veil of secrecy around what the HEZ Collaborative does and believes are priorities for improving the community’s health. It also makes it harder to track how the HEZ Collaborative measured its progress.

The initiatives of the Washington County HEZ clearly reflected the community needs identified in the needs assessment. The Washington County HEZ developed multiple strategies focused on youth mental health and physical activity. For example, to address the behavioral health needs of South County's youth population, the Washington County HEZ created or implemented multiple initiatives including Youth Mental Health First Aid Training, QPR (Question, Persuade, Refer), and the Signs of Suicide (SOS) Program. The Youth Mental Health First Aid Training was designed to help adults recognize risk factors and warning signs of mental health concerns, as well as provide links to resources to get help for young adults. The Youth Mental Health First Aid Training was conducted to schools in South County. There are now over 1000 people trained in Washington County and year four HEZ activities involved expanding the training to include a component on Adult Mental Health First Aid (Healthy Bodies Healthy Minds, 2020). That training will be tailored for health care providers and first responders, as well as anyone over eighteen who serves the general population. Training residents in Mental Health First Aid is a strong strategy for addressing the mental health needs of youth. One reason is the program is designed to teach a broad audience about mental health and help people recognize when support is warranted. Another reason is because the training should reduce the use of emergency mental services, because youth with mental health needs are being connected to preventative services before a stressful, costly emergency event occurs.

To address nutrition and physical activity needs, the Washington County HEZ utilized an evidence-based program called 5-2-1-0 developed by MaineHealth. The goal of the program was to keep children healthy by teaching them the importance of good habits related to eating and physical activity. 5-2-1-0 stands for 5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity, and 0 sugary drinks per day

(Healthy Bodies Healthy Minds, 2020). To address the “1” in 5-2-1-0, the Rhode Island Land Trust Council (RLTC) created ParkRx with South County’s pediatricians and other health care providers. Through ParkRx, health care providers would write a prescription stating that going outdoors for an hour should be part of the child’s health care plan. RLTC conducted focus groups to determine what kinds of supports would help patients get outdoors (Healthy Bodies Healthy Minds, 2020). 5-2-1-0 was a successful program for the Washington County HEZ because it is evidence-based and many of the educational materials related to 5-2-1-0 were already developed in the form of purchasable toolkits.

HBHM has been able to successfully implement 5-2-1-0 in multiple settings. HBHM implemented 5-2-1-0 by focusing on two major components: deploy a simple, consistent message about establishing healthy habits, as well as create policies that encourage healthy behaviors in children. 5-2-1-0 was implemented in over 100 sites across Washington County, including 32 schools, 20 early care and education sites, 18 after school and summer programs, 14 health care organizations, 6 food pantries, 2 work sites, and 14 other community organizations (Healthy Bodies Healthy Minds, 2020). The use of 5-2-1-0 in multiple sites attests to the HEZ Collaboratives ability to not only to effectively engage with multi-sector stakeholders, but also create and implement initiatives and activities worth participating in. Before other stakeholders agreed to implement 5-2-1-0 at their sites, the other stakeholders had to evaluate if incorporating 5-2-1-0 would be an important enough endeavor.

### **Pawtucket and Central Falls HEZ**

The Building Healthy Neighborhoods Action Plan reflected the results of the community listening tour. Some of the results of the listening tour revealed there was a high prevalence of chronic diseases and behavioral risk factors in Central Falls, residents expressed the need for

access to healthier foods, and there needs to be policy changes to increase opportunities for physical activity (LISC Rhode Island, 2019). The Pawtucket and Central Fall HEZ looked at these results and other themes to create six focus areas. These strategies included improving access to healthcare and healthy foods, improving access to housing and addressing homelessness, increasing youth and elderly engagement, improving fitness and overall quality of life, and improving outcomes in economic development to increase jobs and income potential (LISC Rhode Island, 2019). Below are the six focus areas from the HEZ Collaborative's Action Plan and the strategies to create a positive impact:

**Access to Healthcare**

- Prevent diabetes in high-risk individuals
- Enhance health services, health promotion, and prevention programs in the HEZ
- Assess availability and dissemination of information about culturally competent and culturally tailored health services
- Increase access to Behavioral Health Services in Primary Care settings

**Access to Healthy Foods**

- Effectively demonstrate the need for, and acceptability of, creating more opportunities for residents to grow food in Central Falls and Pawtucket
- Address the immediate need for increased access to affordable, high quality fruit and vegetables in Pawtucket and Central Falls, by ensuring that all residents, regardless of status or ability to pay, have access to healthy food.
- Promote and increase adoption of nutrition guidelines in publicly accessible locations where food is being sold

**Housing and Homelessness**

- Increase support for homeless prevention and homeless services
- Increase support for homeownership and healthy homes
- Tenant Empowerment and Healthy Housing
- Strengthen landlord accountability

**Jobs & Income**

- Increase opportunities for employment with a ladder of success
- Increase opportunities for small and micro businesses
- Enhance opportunities for employment and micro businesses in food sustainability through the development of a community kitchen
- Improve transportation linkages to jobs, job training, and other opportunities

**Quality of Life**

- Increase access to clean safe streets, sidewalks, and bike paths for Central Falls and Pawtucket residents
- Investigate the need for busing services or other transportation services to Central Falls and Pawtucket
- Promote beautification of activity hubs in the HEZ

**Youth and Elderly**

- Facilitate positive relationships between the youth and elderly populations in Central Falls and Pawtucket
- Establish a youth coalition that engages both the Mayor's Youth Council of Central Falls and the Pawtucket Boys and Girls Club
- Establish an out of school time Task Force

The focus areas reflect the HEZ Collaboratives strong understanding of social determinants of health and the focus areas goals were close to being SMART goals. By focusing on multiple social determinants of health such as social supports, employment, and diet or exercise, the PCF HEZ has a better chance of improving residents' lives compared to focusing on only one kind of determinant. The summary of activities were not SMART goals, because there was no timeframe for when these activities would be completed and by whom. However, the action plan's activity summary was useful because the summary of activities contained goals showing how the PCF HEZ planned to improve the determinants of health of its residents.

To overcome and identify barriers of implementation of PCF HEZ activities, the Action Plan was planned and approved by an open committee composed of residents, community members, and HEZ Collaborative stakeholders. Having the Action Plan ratified during an open committee was deemed vital by the PCF HEZ because it provided an opportunity for residents and stakeholders to voice their opinions and concerns (LISC Rhode Island, 2019). For example, youth and senior populations were noted as present during the open committee and in the working groups that convened afterward. Having community members meet to ratify the Action Plan had multiple benefits. Residents could provide feedback on the Action Plan and offer suggestions or revisions on the spot, rather than after the plan was finalized. It also increased transparency between the PCF HEZ and residents, because ratifying the Action Plan involved reviewing its contents with the people who were present. Having an open committee may have resulted in residents and stakeholders also feeling a sense of ownership related to the Action

Plan. Resident may have felt more responsible for completing or participating in HEZ Collaboratives activities after the meeting.

Based on the strategies that were developed, champion agencies were selected to lead each activity in the Action Plan, timelines and milestones were established, and an accountability structure was created to ensure progress was continually made. The champion agencies were chosen based on their expertise related to HEZ Collaboratives activities and their ability to carry out the programmatic work of the PCF HEZ over the course of the four years (LISC Rhode Island, 2019). One of the challenges regarding activity implementation was the redirection of funding by RIDOH to place more emphasis on diabetes prevention. This increase of emphasis resulted in difficulty finding funding for other strategy areas. As a result, some of the PCF HEZ's programs were no longer able to be continued, despite being identified as a priority during the listening tour. The initial RIDOH grant funding was unrestricted and was supposed to be used to develop the HEZ Collaboratives internal infrastructure (Ausura, 2019). Other funding sources, such as grants, could be restrictive in nature and could only be spent on implementing specific activities. Finding and securing nonrestricted funding was a significant challenge for HEZ Collaboratives, not just for the PCF HEZ.

The PCF HEZ worked with one of its HEZ Collaborative partners, Progreso Latino, to address challenges related to diabetes and pre-diabetes in the community. The HEZ Collaboratives previous research found many of the people who were being diagnosed with pre-diabetes in the community also did not know about the diabetes management and life-style program being offered by Progreso Latino. The previous research also identified a significant need for diabetes and chronic disease self-management programs in Pawtucket and Central Falls (LISC Rhode Island, 2019). During the first two years of the HEZ Initiative, PCF HEZ



Collaborative member Progreso Latino became a community pillar in providing Diabetes Prevention (DP) and Diabetes Self-Management Education (DSME). There were more than 200 members of the community who participated in Progreso Latino's DP and DSME programs (LISC Rhode Island, 2019). Progreso Latino also worked with Pawtucket Central Falls Development Corporation and Blackstone Valley Community Action Program to develop an outreach and education plan for residents. Being able to adeptly coordinate efforts between HEZ Collaborative members resulted in innovative and powerful ways to address community needs.

One of the PCF HEZ's most successful initiatives was the creation of Harvest Kitchen in downtown Pawtucket. Harvest Kitchen implemented a youth employment program with support from HEZ Collaborative members including Groundworks Rhode Island, Farm Fresh and Southside Community Land Trust. Harvest Kitchen is a restaurant in downtown Pawtucket that utilizes a culinary job training program for young adults who are involved with the RI Department of Children, Youth, and Families (DCYF). During the twenty-week program, the trainees learn how to create different products, such as homemade pickles or applesauce, that use ingredients sourced from local farms (Farm Fresh RI, n.d). The program also serves as a way for trainees to obtain retail experience by selling goods at farmers markets or at the restaurant. The trainees receive a stipend based on attendance, participation, and completed benchmarks. Harvest Kitchen holds an awards ceremony at the end of each session to honor their graduates. Since the program's inception, over 152 youth have participated in the Harvest Kitchen culinary training program and it boasts a 70% graduation rate (Farm Fresh RI, n.d). The youth employment program at Harvest Kitchen has had a ripple effect felt throughout the community. Harvest Kitchen has received letters from the Mayor of Pawtucket, one of RI's former governors, and Pawtucket High School commending the HEZ Collaboratives work. When evaluating a HEZ, its

activities and initiatives should be looked at qualitatively in addition to quantitatively, because only focusing on only numbers can result in vital information regarding impact to be omitted.

Lastly, the initial listening tour revealed residents wanted a tool related to obtaining resources and programs that were available in the community. As a result, the PCF HEZ created an online guide that was available on its website. The online guide contained a list of organizations who provide resources and services related to specific health needs. For example, the guide had a section on resources for housing with organizations listed such as the Blackstone Valley Community Action Program and Pawtucket Housing Authority (LISC Rhode Island, 2019). The housing authority also provided services related to homeownership education, rental housing, and housing supports for older adults. The resource guide has been shared throughout the community via marketing materials, social media, and the Mayor's newsletters in Pawtucket and Central Falls. During 2019, there were 1,141-page views of the resource guide from over 600 unique users of the PCF HEZ's website (LISC Rhode Island, 2019). Even though it is not possible to track where the unique users were accessing the website from, having over 600 unique users visiting the guide showed the PCF HEZ was gaining attention and people might be using to guide to identify services. Without the guide, it might have been harder for residents to identify and engage in services that can address their needs.

### **West Warwick HEZ**

The results of the most recent needs assessments could be seen within its Action Plan. The 2020 Action Plan was divided into three overarching focus areas titled Healthy Neighborhoods, Healthy Food and Living, and Behavioral Health. Each overarching focus area had priority goal statements, indicators of effectiveness, and objectives related to specific focus activities. For example, the Behavioral Health section's goal statement was to have the rate of

overdose deaths in West Warwick to be lower than the states average. One of Action Plan targets was to work with Thundermist Health Center of West Warwick to increase the number of clients who were receiving medication assisted treatment (West Warwick Health Equity Zone, 2020). The Action Plan also tracked this measure biannually. A status update was given for each priority area and a small summary of progress or barriers experienced. This made it easy to get a high-level understanding of where the West Warwick HEZ is focusing its efforts and its impact on the HEZ Collaborative's priority areas.

In the third year of HEZ funding, the West Warwick HEZ completed its new strategic planning effort and created the second iteration of its Action Plan. The Action Plan listed key activities that addressed multiple social determinants of health. The West Warwick HEZ's updated key activities were:

- Increase access to healthy affordable fresh food by sponsoring Summer pop up and seasonal farmer's markets.
- Address high rates of substance use and overdose through rescue, treatment and recovery strategies that coordinate naloxone training and recovery supports.
- Improve teen health by a creating a trauma-informed school district
- Promote physical activity through free wellness activities
- Connect residents to programs supporting healthier lifestyles.
- Advocate for accessible public transportation

The interview with the West Warwick HEZ Project Manager helped clarify the progress of the HEZ Collaboratives activities and its change in focus areas from year three to 2021. A few of the original activities identified in the four-year evaluation had changed or encountered substantial difficulties. For example, the clinician ride along program with the police no longer received funding from RIDOH. It was paused for a year until the town of West Warwick earmarked \$60,000 out of the town's budget to pay a clinician to participate; previous attempts to receive funding from RIDOH to support the program were unsuccessful. The town's comprehensive plan also did not incorporate the information gleaned from the CHLI. One of the

objectives in the 2020 Action Plan was to participate in the next town meeting about the comprehensive plan and share what was learned. This is valuable information that could not be found in the materials provided by the RIDOH Evaluator or publicly available documents. The HEZ Collaborative does not have a website where information is shared and instead used a Facebook page to communicate with residents. Residents or potential stakeholders who want to learn more about the HEZ Collaboratives Action Plan might have difficulty finding information.

The HEZ Collaboratives activities clearly reflected the needs identified in the Community Needs Assessment. The West Warwick HEZ attempted to impact substance use challenges by collaborating with the West Warwick Police Department on multiple initiatives. The West Warwick HEZ was able to encourage the town's police department to have Narcan aboard all cruisers: the HEZ Collaborative has documentation showing police officers have used the Narcan in police vehicles to save lives on several occasions (West Warwick Health Equity Zone, 2019). The HEZ Collaborative also worked with the police department to develop a police ride along model, created with the support of additional federal funding. The model betters the officers' ability to intervene, link people with mental-health services and divert them from the criminal justice system (Arditi, 2017). A licensed mental-health professional with The Providence Center rides along with officers in squad cars to emergency calls and makes follow-up home visits related to substance use. The HEZ Collaborative has provided technical assistance to other communities and police departments who wanted to use this model. While the ride along model does not prevent substance use issues from occurring, it is a strong intervention strategy that can get residents into consistent care. Other police departments also believe the model could be a successful strategy, to the point where those police departments have expressed desire to implement it in their respective towns.

The Overdose Prevention and Recovery Work Group (ODPR) engaged in multiple activities to impact opioid use in West Warwick. The work group developed and implemented recovery coach trainings across the county, conducted Narcan trainings and Narcan distribution activities, and developed local peer recovery services such as groups and events such as a “Sober Superbowl” and “Sober St. Patrick’s Day” (West Warwick Health Equity Zone, 2019). The most recent Sober Superbowl and Sober. St Patrick’s Day occurred in 2019 at the West Warwick HEZ Hub located at 1229 Main Street; the events did not occur in 2020 or 2021 due to the COVID-19 Pandemic. The ODPR work group also worked with a program called “Grands Flourish” to provide services and support to grandparents raising grandchildren due to the opiate crisis. The peer recovery events and “Grand Flourish” are activities focused on building community connectedness and engagement. Peer recovery models provide multiple supports to the person with substance use challenges. Those supports may be emotional, informational, instrumental or concrete supports such as housing or employment, and affiliational in nature (SAMHSA, 2017).

To address the food needs of adolescents, the HEZ Collaborative engaged with community members to utilize the Summer Meal Program offered by the United States Department of Agriculture. Before this project started in 2016, West Warwick was the only income-eligible area in RI that did not offer an open summer meal program for local children (West Warwick Health Equity Zone, 2019). With the support of HEZ Collaborative partner Westbay Community Action, a new site was opened at the West Warwick Library. In 2016, the site had served an average of 34 meals per day (Lopatka, 2016). The library was still being used for the program in 2020, but due to COVID kids and teens up to age 18 could only go to the library to pick up a meal to bring home. The Summer Meal Program is a federally-funded, state-administered program. USDA reimburses program operators who serve the meals to children and

teens in low-income areas. This meant in addition to helping children and teens receiving a much needed and free meal, the HEZ Collaborative partner received financial support that allows them to continue the program.

The West Warwick HEZ impacted the school environment by supporting the town's public schools to move towards becoming a trauma-informed school district. The HEZ Collaborative sought and received funding to support school-wide trauma trainings from the Health Resources and Services Administration (HSRA). The Teen Health Work Group identified reducing the effects of traumatic stress for students as a top priority when the needs assessment was conducted; the HEZ Collaboratives goal was to receive funding to create a fully trauma-informed school community by 2021 (West Warwick Health Equity Zone, 2019). So far 80% of West Warwick High School staff have completed the training and more advanced trainings are being offered to special staff, such as the school district's social workers (Jacobson, 2020). The training's goal was to provide the knowledge and skills to identify the symptoms of traumatic stress, how to utilize tools to create a safe learning environment and offer ways to reduce the negative effects of secondary traumatic stress on educators (West Warwick Health Equity Zone, 2019). Training the employees was a significant accomplishment because there had to be shared buy in between the HEZ Collaborative and the West Warwick High School to implement the training. As a result of the training, the employees at the High School will be able to better address the behavioral health needs of students.

### **Bristol HEZ**

The results of the needs assessments were used to create the HEZ Collaboratives Work Plan in year two of RIDOH funding. The Bristol HEZ's Work Plan was primarily composed of four focus areas. These focus areas were food and nutrition, physical activity, personal health

and wellness, and substance abuse awareness and prevention (Bristol Health Equity Zone, n.d). There were working Group Champions who assisted the HEZ Collaboratives Co-Directors in implementing the programs and activities. Under each focus area were funded and unfunded strategies connected to each focus area. For example, an unfunded strategy related to food and nutrition was supporting the intergenerational garden program at the Quinta Gamelin Community Center, while a HEZ Collaborative funded activity was conducting cooking demonstrations at the Quinta Gamelin Community Center and other locations in Bristol (Bristol Health Equity Zone, n.d). The Work Plan also included indicators for each activity , how often the data was to be collected, and who was responsible for collecting the data. Every year, the Steering Committee reevaluated progress on the focus areas and what strategies or activities should be further pursued. Activities or programs that were provided in kind might not always have been recorded, meaning the HEZ Collaboratives impact on addressing community needs would be understated. Including unfunded programs or activities in the Work Plan prevented them from being missed when evaluating the HEZ Collaborative. Also, having the Steering Committee review each program and activity annually helped the HEZ Collaborative focus on the programs or activities that were most relevant to the community's needs.

The Bristol HEZ has shown the ability to create in-depth, high-quality Action Plans. In 2019, the HEZ Collaborative created an Overdose Prevention Plan (OPP) to address substance use, awareness, and prevention in the Bristol community. The HEZ Collaborative Co- Coordinators, Assistant Coordinator, and the Substance Use, Awareness and Prevention Working Group had assembled an Overdose Prevention Plan Subcommittee to draft an OPP for the Town of Bristol. The OPP included sections related to:

- Addressing the opioid overdose epidemic in the community with a focus on opioid use

- Providing a plan for community and stakeholder engagement, assessment, and information gathering
- Prioritizing needs and identifying evidence-based strategies that can address gaps in the prevention system
- Developing a short and long-term evaluation plan that incorporates performance measures

The most recent copy of the HEZ Collaboratives Work Plan was not provided, nor was it publicly available. However, the Bristol HEZ's website contained a description of each focus area and what the HEZ Collaborative was doing to address each area. Previous evaluations of specific programs or activities were also posted for anyone to review or download.

The Bristol HEZ implemented monthly cooking demonstrations to improve nutritional health in the community. A HEZ Collaborative report stated the monthly cooking demonstrations were one of the Bristol HEZ's most successful initiatives and could connect with two of the HEZ Collaborative's target populations: seniors and low and moderate-income families (Bristol Health Equity Zone, 2020). The monthly demonstrations were held at the Franklin Court Independent Living Facility and were coordinated with support from the Bristol Housing Authority. The goal of the cooking demonstrations was to provide better food access to more seniors by providing food opportunities where the seniors lived. The cooking demonstrations were always scheduled towards the end of each month to support residents who utilized the state's SNAP benefits and the cooking demonstrations served as a free community meal (Bristol Health Equity Zone, 2020). The cooking demonstrations may have provided a social environment for participants who often felt socially isolated. The Bristol HEZ Cooking Demonstrations Manager designed, implemented, and reported on monthly demonstrations since 2019. The manager developed menus with nutritional facts, conducted live cooking demonstrations, and provided a "meal-in-a-bag" with nutritional facts and recipes to participants. The cooking demonstrations had a significant impact for people with difficulties in food



preparation both in the short term and long term. In the short term the participants were able to acquire a free take home meal, while in the long term participants were learning nutritional information and how to prepare meals.

To promote physical activity in Bristol, the HEZ Collaborative provided funding to the Town's Recreational Program. The funding went towards the development of a Walk and Bike Plan in 2016, as well as conduct a Complete Street Ordinance for the town. The Bristol HEZ has conducted multiple community workshops around the Walk and Bike Plan and Complete Street Ordinance with other HEZ Collaborative members present such as GrowSmart RI (Bristol Health Equity Zone, 2020). The Walk and Bike Plan required the support and involvement of town personnel to implement it. The Complete Streets Ordinance also needed to be presented to the Town Council for consideration. The June 2019- July 2020 End of Year Report revealed that the Town Council has not reviewed the results of the Walk and Bike Plan or the Complete Streets Ordinance (Bristol Health Equity Zone, 2020). These activities were halted for the foreseeable future, but the HEZ Collaborative hopes to one day pursue them again. However, the HEZ Collaborative was able to collect information on residents needs regarding sidewalk and bicycle networks, intersections, and pedestrian and bicyclist safety. This information has the potential to be utilized in the future.

One of the activities led by the Personal Health and Wellness Working Group was the creation of a Student Advocate at Mt. Hope High School in 2015. This initiative was one of the HEZ Collaborative's largest priorities and at one point accounted for one third of the Bristol HEZ's operating budget. The creation of the position utilized the Maternal-Child Health Title V State Plan as its foundation for creating a community-based Adolescent Engagement and Patient Navigation program. The Student Advocate was employed and supervised by the HEZ

Collaborative member East Bay Community Action Program (EBCAP). The School District made student referrals to the Student Advocate, and then the Student Advocate would meet with the student and provide services such as a mental health screening or make referrals to additional outside services when needed (Bristol Health Equity Zone, 2020). The outside referrals were dependent on the student's identified needs and the needs could have been related to housing, food access, or substance use support. The Student Advocate would then conduct a follow up appointment with the student and families as necessary during the school day or after school.

The Student Advocate position has been considered a success by the HEZ Collaborative and other stakeholders. From September 2019 to June 2020, the Student Advocate met with 124 different students and helped address issues related to COVID-19, family problems, anxiety, and bullying (Bristol Health Equity Zone, 2020). A HEZ Collaborative report stated the Student Advocate position has been seen as successful at reducing the number of families who utilize emergency rooms for mental health support services (Bristol Health Equity Zone, 2020). The Student Advocate position's purpose strongly aligned with how the state wanted to address the needs of children and families. Rhode Island's Maternal Child Health Services Title V FY 2018 Annual Report even mentioned that there is "no question" the HEZ Initiative's HEZ Collaboratives were positively impacting the state's Title V program and helping the program align its goals with community-led initiatives and ultimately improving the lives of people in the most vulnerable communities (Garneau, 2019). The Student Advocate position does not prevent negative social determinants of health from occurring, but the position helps connect the students and families to resources that could reduce the impact of social determinants, such as clinical interventions. These clinical interventions should help reduce the use of emergency services,

because the family or student's needs are being effectively addressed before there is an emergency or crisis.

One of the initiatives under the Opioid Overdose Prevention Plan involved creating a part-time recovery center in downtown Bristol. There was an identified need for a part time center: Bristol recently experienced an sudden increase in suicides, there was an ongoing heroin epidemic, and there were no similar services in the East Bay area (Bristol Health Equity Zone, 2019). East Bay Recovery Center's location was at the Parish House at St. Michael's Episcopal Church. Creating the East Bay Recovery Center was not initially funded by the Bristol HEZ, however the HEZ Collaborative reallocated some of its funding during year three to rent the space at Parish House. The Bristol HEZ was also able to secure other funding through grants such as a RIDOH Drug Overdose Minigrant (for \$4,900) and a Community Overdose grant (for \$5,000) to pay for startup costs, with a goal of having the Center being able to function without HEZ Collaborative funding in the future (Bristol Health Equity Zone, 2019). The HEZ Collaborative partner EBCAP provided peer recovery coaches, clinical personnel, and administrative staff to run the East Bay Recovery Center. It opened on March 1st, 2018 and was initially considered a success.

After a year, the East Bay Recovery Center no longer became as successful as the Bristol HEZ had hoped. This was partially due to EBCAP opening a clinic in Warren, RI in September of 2019. The Bristol HEZ continued to provide funding between October 2019 to December 2019. During this time there were thirty community members who went to the East Bay Recovery Center to utilize its services (Bristol Health Equity Zone, 2020). The Bristol HEZ noticed that after the new center in Warren opened, the number of community members who accessed the Bristol site continued to decrease. The Warren site also received a federal grant to

offer a litany of supportive services such as All-Recovery Meetings, Family Support Groups, Recovery Coaching, Telephone Recovery Support, Naloxone Training and Distribution. The Bristol center closed in 2019, citing the number of clients attending could not justify its operating expenses (Bristol Health Equity Zone, 2020). The East Bay Recovery Center was an example of a program that was well intentioned, but was impacted by factors outside of its control.

### **Central Providence HEZ**

The Central Providence HEZ used its knowledge of assets and challenges when prioritizing strategies or interventions for its Action Plan. Some of the assets identified included having a bike path, public parks in Olneyville, Olneyville's closeness to downtown Providence, and previous statements from Olneyville's Police Department showing commitment to using community-policing strategies (One Neighborhood Builders, 2019). Some of the identified challenges included failing infrastructures, sub-standard housing options, gentrification of the neighborhood, the prevalence of crime and discrimination, the lack of economic opportunities, and poor city services. The HEZ Collaborative engaged in asset mapping to better understand what resources were available that could help address community needs. Some of the identified challenges later became focus areas in the HEZ Collaboratives Action Plan.

The initial Action Plan was developed collaboratively by ONE|NB and its HEZ Collaborative members. The Action Plan's priority areas and strategies were based on the Community Needs Assessments, as well as the input from HEZ Collaborative partners who could provide 'on-the-ground' knowledge about resident needs (One Neighborhood Builders, 2019). The initial Action Plan was modified in funding years two and three to better align with the "braided funding" streams of the HEZ Initiative. For example, the HEZ Collaborative received funding from a grant related to Diabetes Prevention and Maternal Health. These focus

areas were important, but the focus areas were not identified through the Community Needs Assessments (One Neighborhood Builders, 2019). The Central Providence HEZ, like some of the other HEZ Collaborative, received much needed grant funding from other entities besides RIDOH. This might have been an instance where there was an opportunity to leverage funding by addressing additional goals or priorities. Taking on additional focus areas that were not explicitly identified in the Community Needs Assessment could have negatively impacted the HEZ Collaboratives ability to address community identified needs, because its focus now included the priorities set by funders.

The Central Providence HEZ Collaborative's Action Plan overall remained consistent with the Community Needs Assessment. The Action Plan goals were:

- Increase and promote physical activity
- Improve access to healthy affordable foods
- Foster farmers markets and community gardening
- Support the redevelopment of distressed and vacant properties
- Address public safety issues and enhance relationships between residents and police
- Improve public transportation options
- Provide access to diabetes prevention and self-management programs
- Create opportunities for residents to increase their financial stability
- Build community engagement through community pride events and initiatives in efforts to build a more collective and cohesive community.

One of the HEZ Collaboratives previous needs assessments revealed Central Providence residents were significantly impacted by socioeconomic disparities. After reviewing health outcome data for the Central Providence area, the HEZ Collaborative was able to determine that life expectancy in Central Providence neighborhoods was about nine years less when compared to residents that lived in wealthier neighborhoods in Providence (Asinof, 2021). The Central Providence HEZ decided to focus on socioeconomic factors as the primary way to improve community health. The Health Equity Manager stated that the majority of one's health is tied to socioeconomic conditions and improving these conditions can result in less healthcare utilization

or the use of emergency services. As a result, the HEZ Collaboratives revised Action Plan had an increased focus on addressing socioeconomic disparities related to housing stability and affordability, living-wage employment, and other needs such as childcare and transportation. The impact of addressing these disparities affects the community, rather than a handful of specific residents.

The Central Providence HEZ was one of the HEZ Collaboratives that received a second round of funding from RIDOH after the initial four-year grant. The second round of funding from RIDOH was used to primarily focus on increasing economic opportunities for residents. The Health Equity and Evaluation Manager stated the Steering Committee recognized the HEZ Collaborative could not provide a multitude of services or activities perfectly and instead decided that creating economic opportunity was the paramount priority.

Based on the Community Needs Assessment, the Central Providence HEZ focused on creating new housing opportunities in the Olneyville area. One way the HEZ Collaborative did this was by purchasing blighted properties to build new homes. ONE|NB helped construct the Amherst Gardens Development after purchasing multiple blighted properties. The Amherst Gardens are 36 affordable rental homes scattered throughout the Olneyville neighborhood. The project transformed 14 previously foreclosed and blighted properties into more stable and affordable rental housing (One Neighborhood Builders, 2019). Eight buildings had to be demolished and replaced with new homes while the others were renovated. As of December of 2017, the development was completed, and the apartments were fully occupied. The apartments are available for rent by individuals who fall within low-income and moderate-income guidelines. This initiative was successful because it provided residents with affordable housing and bettered the community by removing blighted properties. A blighted property or area

substantially impairs the growth of the city and can be detrimental to public health, safety, and welfare (Zeigler, 2014). Removing blighted properties also helps the community economically while providing new homes for underserved populations.

Access to healthy food and its lack of availability at local stores were two other barriers identified by residents. ONE|NB and the HEZ Collaborative made it a priority to address food access in the community as part of their Action Plan. One of the ways the HEZ Collaborative improved food access was by bringing fresh produce to participants in diabetes programs at Clinica Esperanza. Clinica Esperanza is a paid partner of the HEZ Collaborative and supported the Central Providence HEZ's priority areas related to diabetes prevention and access to healthcare (One Neighborhood Builders, 2019). The HEZ Collaborative also promoted local farmers markets by offering financial incentives to people who utilized them, as well as drove residents to nearby farmers markets when possible (One Neighborhood Builders, 2019). Lastly, the HEZ Collaborative worked to connect Food on the Move with the HEZ Collaborative partner William D'Abate Elementary School. Food on the Move is a mobile produce market that brings fresh fruits and vegetables to neighborhoods throughout Rhode Island. It helps lower the cost of purchasing healthy food by accepting SNAP incentives (One Neighborhood Builders, 2019). In the 2017 Community Needs Assessment, residents in the neighborhood reported experiencing fewer barriers to accessing fresh produce. The HEZ Collaborative claimed the reduction of barriers could be attributed to Food on the Move. The 2018 Perceptions and Activities of Olneville Residents report also showed at least 73 respondents had accessed local farmers markets, with 21 of the respondents utilizing Food on the Move monthly at William D'Abate Elementary School (The Capacity Group, 2017). Working with Food on the Move was able to support residents with transportation challenges who could not go to traditional farmers markets.

The HEZ Collaborative improved access to education by creating a walking school bus to and from William D'Abate Elementary School. The walking school bus followed a set route and stopped at designated spots or street corners before reaching William D'Abate Elementary School. The program provided regular physical activity to Olneyville elementary school students, as well as paid employment or volunteer hours for Olneyville residents who walked with the kids to school (One Neighborhood Builders, 2019). The program has continued since its inception and the HEZ Collaborative worked with Youth Build Preparatory Academy to help sustain and expand the walking school bus program. It is important to note that the Olneyville neighborhood has one of the highest poverty rates in Rhode Island according to RIDOH (Gimenes, 2019). However, the school consistently has had top attendance rates and high standardized test scores compared to other schools in the district. This could be attributed to the walking school bus, because it provided another form of transportation to get students to school. In terms of RIDOH's Health Equity Pyramid, this initiative makes the healthy option of attending school the default.

When the funding streams changed in years two and three, the HEZ Collaborative needed to replace, suspend, or modify initiatives. For example, the Central Providence HEZ previously worked with its HEZ Collaborative partner the Steel Yard to support the organizations weld-to-work program and other skill-building activities. These programs could no longer be financially supported by the HEZ Collaborative due to changes in funding requirements. When the changes in funding streams occurred, the Central Providence HEZ attempted to keep its partners engaged by creatively changing the scope of work to better meet the HEZ Collaboratives funding requirements, rather than discontinuing partnerships and having to seek new ones (One Neighborhood Builders, 2019). In the case of the partnership with the Steel Yard, the Central



Providence HEZ worked with the Steel Yard to reduce the prevalence of chronic diseases in Olneyville by creating custom exercise equipment for Olneyville's public parks. The goal was to promote physical activity without cost barriers; equipment was installed in several of the Olneyville parks. The change in funding streams highlighted the HEZ Collaboratives ability to change its focus to include the goals of funders while also remaining engaged with HEZ Collaborative partners. Continuing to work with HEZ Collaborative partners despite funding changes might have preserved the relationships between partners, because the partners knew the Central Providence HEZ wanted to include them in decisions and initiatives.

The HEZ Collaborative placed more focus on opioid overdose prevention and diabetes prevention due to funding changes. These change in priorities might have negatively impacted the HEZ Collaborative's ability to address the resident's identified needs related to improving community safety. A report by the Central Providence HEZ stated that due to funding changes, the HEZ Collaborative no longer had funding to support and engage Olneyville youth in nonviolence training, provide education about Safe Haven programs in the Providence area, and participate with the Providence Streets Coalition (One Neighborhood Builders, 2019). The Providence Streets Coalition is an alliance of community organizations, local businesses, schools, institutions, and civic leaders. Providence Streets Coalition have held events in the past and advocate for legislation to improve the city's road and public transportation. Safe Havens are supportive housing areas for hard-to-reach homeless people with mental illness who have been unable or unwilling to participate in housing or supportive services (US Department of Housing and Urban Development, 2012). Focusing on these three activities were some of the original areas of opportunity identified by residents in the initial needs assessment process. No loner

focusing on three activities meant the HEZ Collaborative made a conscious choice to not focus on some of the identified resident needs.

The HEZ Collaborative partners were not engaged in opioid overdose prevention and diabetes prevention activities prior to the change in funding streams. As a result, the HEZ Collaborative had to bring in new partners to meet the funding objectives, as well as ask current partners to promote the “Safe Stations” initiative to support people towards recovery (One Neighborhood Builders, 2019). The Safe Stations initiative started in 2018 and stemmed from a partnership between The Providence Center and the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. The program was designed to connect opioid-dependent individuals with available treatment and recovery services. People could go to any of Providence’s 12 fire stations and speak with public safety officials on duty to get immediately connected to support services (One Neighborhood Builders, 2019). The closest station for Olneyville was located at 630 Atwells Avenue. The HEZ Collaborative partners have been promoting and raising awareness about the Safe Stations program through word of mouth. Bringing in new partners such as The Providence Center demonstrates the HEZ Collaborative’s ability to augment previous activities or initiatives to better address community needs.

Lastly, in March of 2020, the Central Providence HEZ created a unique way to address community needs. With the funding and support of RIDOH as well as the Rhode Island Foundation, ONE|NB was able to issue RFPs to Central Providence HEZ Collaborative members, community-based organization, and residents. The goal of the RFPs was to create sustainable initiatives that improve the state’s health equity measures related to socioeconomics (One Neighborhood Builders, 2020). Applicants were asked to incorporate the findings of the Central Providence HEZ’s most recent Community Needs Assessment into the proposal, as well

as and state how the identified community issues will be addressed. There were eleven proposal and six were chosen to be funded with twenty-five thousand dollars. Issuing RFPs meant ONE|NB could devote more time into the programmatic aspects of running the HEZ, rather than the direct delivery of services and activities. Having another community-based organization focus solely on the delivery of activities meant the community-based organization should be able to focus entirely on its related focus area. If ONE|NB was responsible for the implementation of each mini grant funded program or activity, it could have caused them to prioritize one activity over another or worse, overextend themselves.

**Summary of HEZ Performance**

<b>Key Activities, Goals, or Process Related to MAPP Phase 5</b>	<b>Washington County</b>	<b>Pawtucket and Central Falls</b>	<b>West Warwick</b>	<b>Bristol</b>	<b>Central Providence</b>
Goals in Action Plans were related to the vision and the identified strategic issues	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Partially Met</b>
Multiple strategies and strategy alternatives to address the goals were created	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Partially Met</b>	<b>Partially Met</b>
Action Plan goals and strategies considered barriers to implementation, such as insufficient resources, lack of community support, legal or policy impediments, or technological difficulties	<b>Met</b>	<b>Met</b>	<b>Partially Met</b>	<b>Met</b>	<b>Met</b>
How strategies were chosen was documented	<b>Partially Met</b>	<b>Met</b>	<b>Partially Met</b>	<b>Partially Met</b>	<b>Met</b>
The Action Plan was concretely laid out and used SMART Goals	<b>Met</b>	<b>Not Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>

**MAPP Phase 6: Evaluation of HEZ Collaborative Activities**

**Washington County HEZ**

There were multiple processes in place for monitoring the progress of the Washington County HEZ. One of those processes involved using CHNA’s to assess the impact of its Action Plan and activities. In South County Health’s 2019 CHNA, there was a section that summarized

responses by key stakeholders and residents. One theme that arose was South County Health should continue to collaborate with and invest in the Washington County HEZ. Focus group interviews with residents also revealed the Washington County HEZ and its collaborative partners have been able to increase access to healthy foods, exercise, and recreation (South County Health, 2019). The 2019 CHNA showed that the Washington County HEZ's activities were seen as effective by community members. The CHNA provided qualitative data about the HEZ Collaborative's impact at no cost to themselves.

The Washington County HEZ had a process in place for collecting information on ongoing activities and providing information on milestones. The HEZ Collaborative worked with the John Snow Institute (JSI) to develop a process where JSI would reach out to HEZ Collaborative members to discuss what activities the members were engaged in (Healthy Bodies Healthy Minds, 2020). JSI's role was to evaluate the work of the HEZ Collaborative, share information regarding evaluations with key stakeholders, to promote program improvement opportunities. The HEZ Collaborative choose to collect data semi-annually because it provided a chance for stakeholders to further refine their strategies and activities over the course of the year. While the semi-annual evaluation could not be considered real time data collection, it does provide the HEZ Collaborative with an opportunity to internally evaluate its progress multiple times over the year. This process helped the Washington County HEZ ensure its activities were focused on the most important community issues.

### **Pawtucket and Central Falls HEZ**

The PCF HEZ had multiple processes in place for evaluating the effectiveness of its activities and initiatives. For example, LISC partnered with Rhode Island College in the summer of 2018 to place an intern within the PCF HEZ who could help evaluate the impact of the HEZ

Collaboratives programs. The intern met with PCF HEZ Collaborative members such as Progreso Latino, Childhood Lead Action Project, Boys & Girls Club of Pawtucket, Southside Community Land Trust, and Blackstone Valley Community Action Program to research and report back on programs related to the PCF HEZ (LISC Rhode Island, 2019). The intern's work captured both quantitative and qualitative data and LISC used the intern's work to identify programs that were working in the PCF HEZ. The PCF HEZ's partnership with Rhode Island College was a great idea, because it was mutually beneficial for the HEZ Collaborative and the intern. The PCF HEZ received support in evaluating its programs at little or no cost to themselves and the intern was able to complete their required placement. It also opened the possibility for future collaborations with Rhode Island College and having students frequently evaluate the HEZ Collaborative.

The PCF HEZ also reviewed its progress when creating revised Action Plans. The 2020 Action Plan was broken down into multiple sections and provided a broad overview of the HEZ Collaborative. These sections included an overview of the PCF HEZ, a history of the city Pawtucket and Central Falls, demographics of residents, the HEZ Collaboratives accomplishments over the last five years, and next steps for the PCF HEZ. The 2020 Action Plan contained an update for each focus area. Each focus area had a brief description of key activities, relevant HEZ Collaborative partners, and data related to the focus area. For example, under Housing and Homelessness, LISC wrote about the HEZ Collaborative working with Pawtucket Central Falls Development to increase access to housing in Pawtucket and Central Falls by providing rehabilitated affordable housing and rental options (LISC Rhode Island, 2020). The report stated that housing has remained a key focus for the PCF HEZ, because 44.3% of families in Pawtucket and 55.9% in Central Falls are considered cost burdened (LISC Rhode Island,

2020). The 2020 Action Plan showed that community needs identified in its listening tour shaped the HEZ Collaboratives strategies. It is important to note not all the measures the PCF HEZ tracked were shown in the 2020 Action Plan. Also, the layout of the 2020 Action Plan was also structured in a way a resident or stakeholder could clearly understand.

Lastly, the PCF HEZ frequently solicited feedback from HEZ stakeholders and community members to develop a strong resident engagement strategy and identify new community needs. LISC conducted two surveys between February and April of 2020 to assess community members and HEZ Collaborative partner engagement, as well as collect data to update its Action Plan (LISC Rhode Island, 2020). The LISC sent out 155 surveys and was able to identify new challenges that residents were facing. The two most significant challenges were increased difficulty in finding housing and the prevalence of drug use in Pawtucket and Central Falls (LISC Rhode Island, 2020). Other identified challenges included limited transportation options, poor access to social services, difficulty finding employment, little street maintenance, and food insecurity. The 2020 Action Plan concluded with a statement about the COVID-19 pandemic and the challenges it presented to residents. The PCF HEZ recognized available resources will be under increased strain during the pandemic and the PCF HEZ will continue to provide support to the community in a focused and flexible way (LISC Rhode Island, 2020). The 2020 Action Plan showed that the PCF HEZ had a process in place for addressing the most important issues facing the community. The PCF HEZ had to focus on providing resources and supports related to the immediate challenges brought on by the COVID-19 pandemic, such as unemployment, food scarcity, and eviction protection.

### **West Warwick HEZ**

During the initial HEZ funding years one to four, the West Warwick HEZ had internal processes in place for evaluating the HEZ Collaborative and sharing evaluation findings with its members. Interim findings relevant to specific workgroups were presented to the Steering Committee quarterly. This allowed the West Warwick HEZ to better address community needs throughout the course of the year, rather than adjust the programs long after issues were identified.

Additionally, the HEZ Collaborative planned to use its interim findings to create an annual report to the community. The report was to be in booklet form with the intent of being simple, easy to read, and use visualizations to best articulate how the HEZ Collaborative has impacted West Warwick (West Warwick Health Equity Zone, 2020). The booklet would have been shared during meeting with residents and potential new partners, as well as have been available to download online. It is unclear if the HEZ Collaborative did create any reports to the community; neither the HEZ Collaborative's Facebook page nor on RIDOH's website. There was one report from 2018 titled *Health Equity Zone West Warwick Priority Areas* on RIDOH's website, but it appears to be a singular report. This might mean the HEZ Collaboratives plan for sharing evaluation results was different than previously stated or the process for sharing reports to the community was not effective.

The West Warwick HEZ received support in evaluating the HEZ Collaborative's impact after being awarded grant funding from the RI Foundation. A preliminary report was compiled by The Capacity Group LLC in 2020. The evaluation process used by the Capacity Group LLC was based on a standardized process the Rhode Island Foundation's Fund created for its grantees. The report utilized a research-based framework called Collective Power Analysis that

looked at the effectiveness of collaborations in seeking to reach community level change (The Capacity Group, 2020). Like the MAPP Process's framework, it was grounded in research on collective impact and systems thinking. The evaluation came with a rubric that captured the HEZ Collaboratives strengths, improvements and setbacks, a map for collaborations to better understand what success could look like, and a summary of observed themes. The results of the evaluation were brought to the Steering Committee to be discussed and ultimately resulted in changes in the HEZ Collaborative's 2020 goals. The HEZ Collaborative benefited from having an outside agency help conduct an evaluation and because the Capacity Group LLC's service was tied to the grant from the Rhode Island Foundation, the HEZ Collaborative did not need to pay for the evaluation.

### **Bristol HEZ**

The Bristol HEZ had multiple processes in place for evaluating its impact on improving the community's needs. One of the processes involved evaluating strategies throughout the year. The Bristol HEZ Co-Directors reviewed each program or activity biannually with its responsible implementation party. If issues were identified during the review, then the implementation party adjusted the program or activity to resolve the issue. After the biannual review was completed, information about the review was then shared with the Working Groups and Steering Committee, as well as the Town Administrator (Bristol Health Equity Zone, n.d). There were instances where evaluations related to the biannual review were also shared on the HEZ Collaborative's website. This process provided an opportunity for process improvement to occur when moving forward into the latter half of the calendar year. Waiting until the end of the year to review programs and make suggestions might make it more difficult to adjust to changing needs throughout the year. Sharing the results of program evaluations online also fostered transparency and accountability



for the HEZ Collaborative. Sharing the evaluations online allowed interested parties to see how programs or activities were evaluated.

To ensure the Bristol HEZ was focusing on the most important issues facing the community, the Bristol HEZ conducted a reassessment of health needs in the community. The reassessment occurred in March 2020 and featured questions similar to the first needs assessment. The reassessment occurred at a Spaghetti Dinner at the Franklin Court Independent Living Facility (Bristol Health Equity Zone, 2020). The HEZ Collaborative's original plan was to offer the reassessment over multiple platforms and across various demographics to best represent the opinions of residents. However, due to the Covid-19 Pandemic, the HEZ Collaborative was only able to offer the reassessment at the Spaghetti Dinner event. The reassessment began on March 3rd, 2020 and was immediately followed by the state's stay-at-home order one week later. The internal report stated that the stay-at-home order impaired the ability for the HEZ Collaborative to conduct the outreach and in-person efforts that were planned. Despite the stay-at-home order, there were one hundred twenty-six respondents with most of respondent's ages ranging between twenty-five and seventy-four years old (Bristol Health Equity Zone, 2020). Using the same or similar questions provided a sort of pre and posttest for the HEZ Collaborative to measure its overall impact on addressing community needs. One of the limitations to this reassessment is the Covid-19 Pandemic made it difficult to collect responses. Also, unlike the first assessment, there were no responses from adolescents or young adults. This is concerning because the HEZ Collaborative had programs and activities in place for young adults, such as the Student Advocate at Mount Hope High School. Receiving feedback from the adolescent population was vital, because the feedback helps the HEZ Collaborative better understand its impact on young adults.

The reassessment also gave the Bristol HEZ a chance to evaluate its progress on the HEZ Collaboratives four priority areas. A few of the priority areas had similar responses when compared to the assessment from 2016. For example, fifty-one percent of respondents from the re-assessment felt there were design features that adversely impact walking and biking in Bristol, which was similar to what the Bristol HEZ learned during the walk and bike audits conducted in 2016 (Bristol Health Equity Zone, 2020). However, the re-assessment revealed significant gains in increasing awareness of community-based resources related to physical activity, nutrition, mental health services, and basic needs. The HEZ Collaborative report stated the increased awareness could be attributed to the HEZ Collaborative's newsletters and workgroups.

The baseline reassessment did not show the true impact of the Bristol HEZ. The first reassessment survey had two questions that directly mentioned the Bristol HEZ: one was if people were aware of the HEZ and its impact. Only forty-seven residents responded and forty residents (~85% of respondents) were aware of the Bristol HEZ (Bristol Health Equity Zone, 2020). The baseline reassessment could be modified in the future to better evaluate the impact of the Bristol HEZ by having more questions that tie HEZ Collaborative programs or activities directly to changes in resident's health behaviors.

### **Central Providence HEZ**

One of the ways the Central Providence HEZ evaluated its impact was by discussing the long-term sustainability of the HEZ Collaborative's initiatives and activities with collaborative members. During the last quarter of initial funding year three, ONE|NB brought all its HEZ Collaborative partners together to identify how the HEZ Collaborative could accomplish its health equity goals and continue to run HEZ-funded programs without continued grant-funding

from RIDOH (One Neighborhood Builders, 2020). ONE|NB identified several categories when assessing the sustainability of HEZ Collaborative activities. The three categories were:

- **Enterprise** – initiatives or activities that can become social enterprises with some support from the HEZ.
- **Internal Training** – These are programs currently rely on grant funding from the HEZ. However, if the required knowledge and skills are taught to other stakeholders, the programs could become self-sustaining.
- **Organizational or City Level Policy Change** – Programs that could be improved by changing policies or creating in-kind relationships between stakeholders.

The Central Providence HEZ evaluated each of its programs to decide what category they fell under. Some of the programs were encouraged to receive support from other grant sources, while others struggled to become self-sustaining without HEZ Collaborative funding. This process meant each program was scrutinized thoroughly to ensure each program was focused on addressing relevant and high priority community needs.

The most recent Community Needs Assessment was from 2019 and highlighted the HEZ Collaborative's progress on improving community health. As part of the Community Needs Assessment, residents were asked about needs related to social determinants of health. Some examples of needs included access to food or healthcare, availability of housing or childcare, and the prevalence of employment opportunities (One Neighborhood Builders, 2020). At the end of the needs assessment process, ONE|NB hosted a community event where the results were shared, and residents or stakeholders were able to provide feedback. Sharing the results of the most recent Community Needs Assessment with residents allowed the Central Providence HEZ to confirm its analysis and data were accurate.

It is important to note the COVID-19 pandemic resulted in a significant shift of the HEZ Collaborative's priorities and how the HEZ Collaborative collected data. During the COVID-19 pandemic, the Central Providence HEZ increased its catchment area again to include all neighborhoods in zip codes 02908 and 02909 (One Neighborhood Builders, 2020). ONE|NB also

increased the utilization of Community Health Workers to run a mobile trailer to help deliver COVID-19 vaccine registration information to some of Providence’s hardest hit neighborhoods, including Olneyville, the West End, Federal Hill and Silver Lake. This was imperative because in March 2021, only about four percent of Central Providence residents were fully vaccinated against the virus, compared to about ten percent statewide (Arditi, 2021). In addition to helping residents get the vaccine, the Community Health Workers were used to reach out to residents about their immediate needs during the COVID-19 Pandemic. ONE|NB’s website also had a survey tool that asked questions related to social determinants of health, as well as how to be contacted if support was requested. The Community Health Workers then followed up with the specific residents to provide referrals to resources. The HEZ Collaborative could record and keep track of what resident’s needs were submitted through the online survey. It could serve as another way to learn what residents need when Community Health Workers were unable to reach residents in person.

### Summary of HEZ Performance

Key Activities, Goals, or Process Related to MAPP Phase 6	Washington County	Pawtucket and Central Falls	West Warwick	Bristol	Central Providence
Objectives were realistic and measurable, as well as related to each strategic goal.	Met	Met	Met	Met	Met
Accountability was established by identifying responsible parties.	Met	Partially Met	Met	Met	Met
Action Plans were reviewed to look for opportunities to coordinate and combine resources for maximum efficiency and effectiveness	Met	Met	Met	Met	Met
Action Plans were implemented, and progress was monitored consistently	Partially Met	Met	Met	Met	Met
The process for evaluating Action Plan progress involved having a methodology and plan for carrying out the evaluation	Met	Met	Met	Met	Met

The results of the evaluation are used and shared with others	<b>Met</b>	<b>Partially Met</b>	<b>Partially Met</b>	<b>Partially Met</b>	<b>Partially Met</b>
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**Discussion**

The goal of this study was to determine if the HEZ Initiative created community change when a conceptual framework is used to evaluate the performance of each HEZ Collaborative. The study found the criterion created from the MAPP could be connected to each HEZ Collaborative’s activities and strategies. HEZ Collaboratives leveraged different sources of data, such as surveys with residents or previously conducted Community Needs Assessments, to understand what the priorities of residents were. HEZ Collaboratives were then able to create Action Plans with the support of Steering Committees and workgroups. Many of the solutions for the identified needs were addressed through cross sector collaborations and focused on improving social and environmental determinants of health. Lastly, the HEZ Collaboratives created process for evaluating their impact and identifying new community issues. The results of the study and data collected indicate that the HEZ Initiative has a positive impact on Rhode Islanders and their health. As a result, the null hypothesis should fail to be rejected.

**Recommendations By HEZ**

Recommendations were created for each HEZ Collaborative based on its performance on the MAPP phases’ criterion. The recommendations will be shared with the HEZ Collaboratives after the thesis is submitted to Rhode Island College. There were instances where no recommendations were made for a HEZ Collaborative, because the HEZ Collaborative did well in that specific MAPP dimension. The goal of the recommendations was to provide HEZ Collaboratives the opportunity to address factors that may impact creating lasting change.

	MAPP Phase 3: Data Collection	MAPP Phase 4: Stakeholder Engagement	MAPP Phase 5: Action Plan Development and Implementation	MAPP Phase 6: Evaluation of HEZ Collaborative Activities
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Washington County	<ul style="list-style-type: none"> <li>- Develop a process for identifying activities going on in Washington County that could support the HEZ vision.</li> <li>- Engage with a large number of residents to identify barriers believed to impact the health of residents.</li> </ul>	<ul style="list-style-type: none"> <li>- The HEZ could create a Community Advisory Board of residents who are impacted by HEZ's work/priorities</li> </ul>	<ul style="list-style-type: none"> <li>- Share the HEZ's Action Plans for all initiatives on its website.</li> <li>- Peruse a digital community planning tool so residents have more voice when planning activities.</li> <li>- Create an archive section on HBHM's website where interested parties can see previous Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>- The HEZ could create a dashboard based on the Action Plan's measures. The dashboard can be updated in real time when information is collected.</li> </ul>
Pawtucket and Central Falls			<ul style="list-style-type: none"> <li>- SMART Goals could be developed from the Action Plan</li> <li>- Create a "Storyboard" for showing results that are not quantitative in nature.</li> <li>- The HEZ can pursue other strategy or activity specific funding.</li> </ul>	<ul style="list-style-type: none"> <li>- Could benefit from a permanent position just focused on evaluation of HEZ activities</li> </ul>
West Warwick	<ul style="list-style-type: none"> <li>- Could benefit from using a tool or process similar to the CHLI for other focus areas.</li> </ul>		<ul style="list-style-type: none"> <li>- The HEZ might have documents or resources that show the HEZ's evolution more visible.</li> <li>- Could use an evidence-based substance use peer model or work with a HEZ Collaborative partner that has one.</li> </ul>	<ul style="list-style-type: none"> <li>- The HEZ can develop a report to community and share it through its Community Ambassadors or media avenues such as Facebook.</li> </ul>
Bristol	<ul style="list-style-type: none"> <li>- The Bristol HEZ might be able to utilize previous reports and assessments from RIDOH or other non-profits.</li> </ul>		<ul style="list-style-type: none"> <li>- In the future, the HEZ could share how the Steering Committee prioritizes the HEZs activities and programs.</li> <li>- The HEZ can foster transparency by posting its most recent Work Plan on its website.</li> <li>- Show the mission criticalness of the HEZ and its activities to get engagement from other stakeholders.</li> <li>- Create a process for better understanding Bristol's current and future healthcare landscape.</li> </ul>	<ul style="list-style-type: none"> <li>- The baseline reassessment can be done digitally, and support given to residents that need help.</li> <li>- The HEZ needs a process for showing how changes in health can be attributed to the HEZ efforts.</li> </ul>
Central Providence			<ul style="list-style-type: none"> <li>- The HEZ could pursue grant opportunities related to identified needs.</li> <li>- The HEZ might benefit from having a formalized process in place for identifying opportunities where the HEZ can support local initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>- The results of the RFPs by the HEZ could be summarized and created into a report.</li> </ul>

**MAPP Phase 3: Data Collection**

**Washington County HEZ**

The Washington County HEZ learned about resident needs by reviewing data and assessment from local organizations. The data from the organizations were not shared directly

with the public because doing so might allow people to identify specific residents. As a result, it is unclear how the Washington County HEZ confirmed the accuracy of the assessments and data with residents. If HBHM did not confirm the accuracy of the collected data or assessments with residents, the backbone HEZ organization could benefit from conducting a public forum with deidentified data and solicit resident feedback. This would also give residents the chance to share what they believe are relevant community needs, as well as identify barriers that impact resident health not found through the data from local organizations. Lastly, having a public forum can provide grassroots organizations or initiatives in Washington County to make themselves known to the Washington County HEZ, ultimately providing HBHM with a better understanding of the activities going in Washington Country related to resident needs.

### **West Warwick HEZ**

The West Warwick HEZ could benefit from using research methods similar to the CHLI to collect data and identify resident needs in other focus areas. For example, Thundermist could take a mixed methods approach to understanding the landscape of food insecurity and hunger in West Warwick. The National Life Group Foundation, a nonprofit in Vermont, used this approach successfully to identify gaps that leave children vulnerable to food insecurity. The National Life Group Foundation conducted a preliminary literature and data review, identified major stakeholders related to food insecurity, and then conducted focus groups before having a brainstorming session with stakeholders about future cross-sector collaboration (The Urban Institute, 2019). Conducting a in depth research project for each focus area would be time consuming, however the HEZ Collaborative might have already been building relationships with stakeholders related to its focus areas, which could reduce the time it would take to conduct a research project.

**Bristol HEZ**

The Bristol HEZ did not share how or if the HEZ Collaborative used previous needs assessments as part of the first Community Needs Assessment. The RIDOH four-year evaluation stated the HEZ Collaborative's Community Partners Survey collected health indicators related to at-risk populations. However, the 2016 Baseline Assessment of Health Needs in the Community Report only summarized responses from residents. The report did not include information from other sources, however the Bristol HEZ's recent Overdose Prevention Plan did refer to external reports from Truven Health Analytics and Regional Information Sharing Systems. The Bristol HEZ could start to utilize external reports more often when trying to understand specific community needs. Some the challenges of relying on external data sources include how often the data is updated and the data sources might not focus on intensely on the Bristol area. As a result, the Bristol HEZ needs to be strategic when deciding what external sources could be used regularly when evaluating community needs.

**MAPP Phase 4: Stakeholder Engagement****Washington County HEZ**

The Washington County HEZ could develop a Community Advisory Board to better understand what Washington County residents believe are community priorities and needs. A Community Advisory Board (CAB) is a type of advisory board typically associated with clinical research. The role of a CAB is providing non-binding strategic advice for organizations and CABs are often composed of members of the general public. A CAB can be a valuable resource because it can be used to obtain broad community input, define what is meaningful to the community, and disseminate accurate information to residents (National Institute of General



Medical Sciences, 2000). The establishment of a CAB could also provide another source of data when assessing the impact the HEZ Collaborative has on residents.

## **MAPP Phase 5: Action Plan Development and Implementation**

### **Washington County HEZ**

HBHM might also benefit from creating a digital community planning tool to help improve resident engagement and prioritization of HEZ activities. The four-year HEZ evaluation mentioned HBHM's desire to replicate the digital forum created in Garret County, Maryland. (PHNCI, 2018). The Garret County Health Department used open-source technology to create MyGarrettCounty.com. It is a digital community planning tool that has changed the way the town developed comprehensive health improvement plans. MyGarrettCounty is a digital forum where work groups can be made about specific activities or interests. Community members can join and contribute to work groups after verifying they live in Garret County. Each work groups identifies its own goals, metrics, and activities (PHNCI, 2018). Creating a digital community planning tool would be a significant undertaking due to costs, training residents and stakeholders on how to use it, and creating the platform on HBHM's website. However, it could become a powerful avenue for getting community input as well as increase coordination of activities by having all HEZ work in one centralized place.

### **Pawtucket and Central Falls HEZ**

One way for the to track its progress on each activities or programs is by creating SMART goals. The HEZ Collaborative's Action Plan was in depth and outlined the HEZ's focus areas, as well as key activities and programs. However, HEZ could modify the Action Plan's key activities and programs into SMART goals. For example, one of the sub focus areas stated the HEZ Collaborative wanted to "prevent diabetes in high-risk individuals". It would become a

SMART goal if it was changed to “HEZ Collaborative partner Progreso Latino’s outreach program will connect fifteen residents who are considered at high risk to its diabetes management program within the span of three months”. Using SMART goals provides the HEZ an opportunity to concretely evaluate its programs and can have quantifiable measures.

For programs or activities that cannot be easily quantified, LISC Rhode Island might be able to create a "Storyboard" to show its impact. A storyboard is a visual display created by a project team that tells the story of a project or initiative. Storyboards are useful because it visually displays the progress of the activity or program and can be a powerful communication tool for sharing information with stakeholders (American Society for Quality, 2016). During the four-year funding period, the HEZ created “factsheets” with the support of RIDOH. The factsheets are similar to storyboards, but these factsheets are broader in scope and not necessarily focused on the HEZ’s activities or programs. Creating a storyboard for each program might be impractical due to the time commitment of making them. Instead, the HEZ could create a storyboard for its flagship programs and activities.

### **West Warwick HEZ**

The West Warwick HEZ can continue engaging with HEZ Collaborative members who use evidence-based models for addressing substance use. In the most recent iteration of the HEZ’s Action Plan, under the Behavioral Health section, one of the HEZ Collaborative’s key activities was to engage, create, sustain non-traditional, yet support-oriented recovery networks in West Warwick (West Warwick Health Equity Zone, 2020). This activity was led by the West Warwick HEZ and Resources Education Support Together (REST). REST offered trainings and workshops geared to help professionals and individuals address the challenges of having family members impacted by substance use disorders. The West Warwick HEZ could refer other

Collaborative members and residents looking for more information related to substance use to REST, where they could learn more about evidence-based models for helping loved ones struggling with substances.

### **Bristol HEZ**

The Bristol HEZ could also develop a process for better understanding Bristol's current and future healthcare landscape. Creating a part-time recovery center in downtown Bristol might have filled an immediate need for substance use services of Bristol residents, but it also might not have been the most cost-effective decision upon further reflection. The Bristol HEZ could have conducted a SWOT analysis when deciding on opening a part time recovery center and if there was a possibility of other recovery centers were being opened soon. While the HEZ Collaborative cannot predict or analyze all healthcare entities strategic plans involving the greater Bristol area, there could have been a dialogue between the Bristol HEZ and Collaborative member EBCAP about their vision of providing substance use services. In the future, the HEZ Collaborative could conduct an assessment that focuses on identifying potential forces, such as organizations or healthcare trends, that affect the Bristol HEZ's activity's ability to impact the Bristol community.

### **Central Providence HEZ**

One of the Central Providence HEZ's biggest challenges was obtaining funding to create programs or activities related to its identified community needs. Because the HEZ Collaborative had to change to a braided funding stream, there was a greater focus on activities not identified in the Community Needs Assessments. In the future, the HEZ Collaborative might benefit from pursuing grant opportunities related to identified needs. For example, the Central Providence HEZ could look for grant opportunities related to conducting nonviolence trainings

for community members in Central Providence. This was one of the activities the Central Providence HEZ had to discontinue when its funding stream changed. The HEZ Collaborative could also start to apply for relevant grants near the end of when a Community Needs Assessment is completed, because then the Central Providence HEZ would have preliminary data to use in the RFP.

Lastly, the Central Providence HEZ could also establish a process for identifying and engaging in opportunities that support local initiatives. In December of 2020, the governor's office announced that a nonprofit called Blue Meridian Partners created an initiative called Central Providence Opportunities. It was an eight-million-dollar grant with the goal to increase social and economic mobility for city residents in the 02908 and 02909 zip codes (PBN, 2020). It was led by the Central Providence HEZ and the Rhode Island Foundation will be the fiscal sponsor of the initiative. The focus areas of the grant included increasing affordable housing, improving early education programming, supporting local and minority-owned businesses, and expanding training opportunities to increase resident's wages (PBN, 2020). The HEZ Collaborative's website had a section highlighting how some of the eight million in funding was allocated, but the website did not list or explain how direct investments would be made to other organizations or who would be able to apply for funding.

## **MAPP Phase 6: Evaluation of HEZ Collaborative Activities**

### **Washington County HEZ**

Creating an archive of previous Action Plans that can be assessed on the organization's website would increase transparency with residents and stakeholders. HBHM's website currently has its Action Plan for addressing mental health needs in Washington County available for anyone to see. One barrier to posting all the HEZ Collaborative's Action Plans is some Action

Plans may contain proprietary information from other HEZ Collaborative partners that were not meant to be seen by the public. It would be time consuming to go through previous plans and edit them to be suitable to share. However, it would provide the opportunity for someone who is not deeply involved with the Washington County HEZ to see how its activities were prioritized, as well as changes in Action Plans over time.

The Washington County HEZ could also develop a virtual dashboard that can help track the data HBHM and its evaluators collect throughout the year. Some of its data sources, such as the stakeholder surveys, are only collected twice a year. Having a dashboard that can refresh itself might enable the HEZ Collaborative to collect its measures more frequently. For example, HBHM or John Snow Inc. could collect stakeholder responses through SurveyMonkey quarterly and then have them on a platform like Microsoft SharePoint. Other HEZ Collaborative members could then be given access to the SharePoint site and other HEZ Collaborative related documents could be available the SharePoint site. Even if the HEZ Collaborative does already have its own dashboard or scorecard for its initiatives, the Washington County HEZ might benefit from having a process for evaluating how often it collects evaluation data and if increasing collection frequency would be beneficial.

### **Pawtucket and Central Falls HEZ**

One way the PCF HEZ could better assess the impact of LISC's website and its resource guide is by having HEZ Collaborative partners ask residents how they learned about the partner's services or programs. Based on the HEZ Collaborative's four-year evaluation, it is unclear if the PCF HEZ had a process in place for determining how the resource guide was being used by residents or if its use resulted in residents utilizing HEZ Collaborative related programs or services. In future Community Needs Assessments, the PCF HEZ could ask residents if they

participated in or used HEZ Collaborative related activities, programs, or resources in the form of a short, open-ended response. There could also be a question asking if the resident has seen or visited the LISC's website to find services or supports. It would allow the HEZ Collaborative to better understand how its activities and programs are being utilized and if any changes in priorities or focus areas needs to occur.

Lastly, the PCF HEZ could benefit from a permanent position focused on the evaluation of HEZ Collaborative activities and grant applications. Partnerships with other entities to evaluate the HEZ Collaborative can be useful for the short term but might not be sustainable in the long term. LISC has an employee with the title *Grants & Contracts Coordinator* listed on its website, but the position appears to be unrelated to the HEZ Collaborative. Creating a full-time position related to grant applications and evaluations exclusively for the HEZ Initiative would be a non-zero cost for LISC, but it might help LISC better pursue funding opportunities by having a permanent point person who can help in evaluating the HEZ Collaborative against its grant deliverables.

### **West Warwick HEZ**

The West Warwick HEZ might already have documents or resources created for residents or stakeholders that show the HEZ Collaborative's evolution and progress on addressing resident needs. The interview with the backbone HEZ organization's Project Manager revealed the West Warwick HEZ's Steering Committee receives updates related to each activity and focus area on a consistent basis. However, the most recent publicly available report on the focus areas was from 2018. The report appeared dated and did not include the focus areas added by the HEZ Collaborative after it started receiving funding primarily from the Rhode Island Foundation. The West Warwick HEZ could modify the reports and presentations originally made for the Steering

Committee to become reports for the community. These reports could then be shared through the HEZ Collaborative's Community Ambassadors or social media channels. A review of the HEZ Collaborative's Facebook page revealed the West Warwick HEZ previously mentioned evaluations and sometimes shared them through the Facebook page. By creating an updated report to the community and sharing it with residents, the West Warwick HEZ could better engage with its residents and foster transparency about the effectiveness of its programs and activities.

### **Bristol HEZ**

The Bristol HEZ might better foster transparency between the Bristol HEZ and its residents by sharing how programs were evaluated and why some activities had been given more priority than others. The HEZ Collaborative Co-Directors could evaluate each program and activity biannually and then share the evaluations with the Steering Committee and Town Administrator. The Bristol HEZ could also create summaries of each program's evaluation and share the summaries with residents via its website. The Bristol HEZ could then create a link to an online survey where residents are able to respond to the evaluation summaries and provide their own suggestions to improve the programs. Not only does sharing the summaries online increase transparency about the Bristol HEZ evaluates programs, but it also helps engage residents in evaluating the effectiveness of the Bristol HEZ. The Bristol HEZ could also try new strategies to measure the impact of HEZ Collaborative's activities and programs. The Bristol HEZ's baseline reassessment had asked a handful of questions that directly evaluated the Bristol HEZ. Creating an online survey with questions that are about the Bristol HEZ may help residents provide feedback and serve as another way to measure impact.

### **Central Providence HEZ**

The Central Providence HEZ could summarize the results of the RFPs and develop a report to the community. There were six RFPs that were awarded funding, but there was no mention of them on the HEZ Collaborative's website or other reports. A summary of each RFP was shared with the Steering Committee on a PowerPoint presentation. The HEZ may be able to take those slides and turn them into a summary that could be posted on the backbone HEZ organization's website. This would provide residents or stakeholders the chance to see what activities the HEZ Collaborative has supported previously and how the activities were targeted towards resident needs. It might even help local organizations who want to participate in Central Providence Opportunities to get a better sense of what its potential work or activities would look like.

### **Study Connections to Other Scholarly Work**

Overall, the results of the study agreed with previous research. It should be noted the study's evaluation criteria was based on a process found through the literature review. This study adds to previous research by creating a framework for evaluating an organization's ability to address community needs, something that was not found during this literature review. The meta-analyses from the literature review focused only on specific factors related to improving health outcomes, rather than the programmatic aspects of implementing the interventions. This study could serve as a starting point for other studies that are focused on evaluating place-based initiatives by using a previous conceptual framework.

### **General Observations**

All the HEZ Collaboratives, regardless of which cohort, utilized a Steering Committee structure to guide their work. This was one of the requirements in the original RFP issued in



2015. The RFP for 2021 still required new HEZs to create a Steering Committee and workgroups, but the RFP did not describe how the Steering Committee and workgroups should be structured or what they should focus on. How each Steering Committee or workgroups operated largely depended on the HEZ Collaborative. For example, the Central Providence HEZ no longer used workgroups as much and instead made the Steering Committee larger and included members from across different zip codes. A few of the HEZ Collaboratives added new committees and workgroups to address community needs that arose due to more recent Community Needs Assessments.

Most of the HEZ Collaboratives leveraged community connections to engage with the residents and build trust. Building trust and engagement became easier over time when community members learned about the HEZ Collaborative. Many of the HEZ Collaboratives also held community activities or events where residents could meet with the backbone HEZ organization. The West Warwick HEZ had created the West Warwick HEZ Hub where interested community members could participate in events and trainings. In another instance, the Central Providence HEZ utilized public parks to host its annual festivals or other community programming. All HEZ Collaboratives that do not have a permanent place where residents or community members could go may benefit from establishing one. Having a physical location could help residents learn and obtain resources they otherwise might not have access to due to difficulty with technology. The HEZ Initiative and its success supports the idea that fostering an engaged community is necessary to create meaningful change. This theme, building community engagement, was identified in the literature review as a key factor in improving health outcomes.

Most HEZ Collaboratives conducted more than one Community Needs Assessment over the course of its existence. Some were done on an annual basis, a bi-annual basis, or when a

significant event occurred such as the COVID-19 Pandemic. When HEZ Collaboratives pursued new funding opportunities outside of RIDOH, many of the grants required a more recent Community Needs Assessment to be provided in the RFP. Other HEZ Collaboratives conducted slimmed down surveys or assessments to receive feedback from residents about specific issues or community needs. HBHM conducted a behavioral health needs assessment in 2021 to identify new strategies for supporting residents with behavioral or substance use challenges. The Pawtucket and Central Falls HEZ sent out surveys to residents in April of 2020 to reevaluate Action Plan priorities. Lastly, the Bristol HEZ was planning on conducting a Community Needs Assessment in 2021 that was entirely focused on resident needs related to COVID-19. All HEZ Collaboratives could benefit from conducting follow up needs assessment on a continual basis. This would help ensure the HEZ Collaboratives work is still relevant to participating communities and community members voices are heard.

Some of the HEZ Collaboratives utilized assessments created by consultants to collect and analyze data for their Community Needs Assessments, as well as evaluate the HEZ Collaborative's impact. Two of the HEZ Collaboratives worked with or utilized data collected by the consulting firm Baker Tilly. Baker Tilly is a large public accounting and consulting firm that offers services in the healthcare industry related to grant compliance and conducting Community Health Needs Assessments. The West Warwick HEZ was evaluated by the Capacity Group, because the HEZ Collaborative received funding from the Rhode Island Foundation. Lastly, the Washington County HEZ collected stakeholder feedback with the assistance from JSI.

Other HEZ Collaboratives decided to conduct their own needs assessments and evaluate progress without the use of a consulting firm. Methods to conduct the needs assessments ranged from surveys, focus groups, or hosting community gatherings to get feedback and the opinions of

residents. Almost all the HEZ Collaboratives used publicly available reports or data to strengthen needs assessments. The Pawtucket and Central Falls HEZ had partnered with a student from Rhode Island College to assist in evaluating the impact of the HEZ Collaborative's programs.

The onset of the COVID-19 Pandemic had caused the HEZ Collaboratives to focus on addressing immediate needs related to COVID-19. Challenges related to job loss, housing, and vaccine distribution were especially prevalent in communities where many residents were already struggling to get by. For example, the Central Providence HEZ utilized its contact list to alert community members who were older or had preexisting conditions when a dose of the vaccine was available by healthcare related HEZ Collaborative partners. Another HEZ Collaborative shared resources that helped recently unemployed residents be able to pay utility bills. The COVID-19 Pandemic highlighted the flexibility of the HEZ Collaboratives in responding to community needs. The HEZ Collaboratives responses to the COVID-19 Pandemic could serve as an example of creating community resilience in real time. The HEZ Collaboratives helped strengthen community supports by connecting individuals to much needed resources. It also shows that even in a short timeframe, the HEZ Collaboratives were able to directly help residents.

### **Success in Leveraging Other Funding Sources**

All the HEZ Collaboratives received core funding from RIDOH to build the HEZ Collaboratives. The funding from RIDOH was non-restricted, meaning the funding could be used in ways the HEZ Collaborative saw fit. The goal of the HEZ Initiative grant from RIDOH was to primarily provide financial support for building the infrastructure of the HEZ Collaboratives. The uses ranged from hiring an external evaluator to establishing "micro-grants" that residents or local organizations could apply for. The micro-grants were used by a local organization or

resident to address a specific issue. In the Bristol HEZ's four-year evaluation, there was a section on how its portion of RIDOH funding was spent, as well as progress on securing additional funds outside of RIDOH. All evaluations may benefit from having a section that examines the costs of continuing or creating HEZ Collaborative programs or activities.

Some of the HEZ Collaboratives were able to receive funding from other sources to support its activities and initiatives. Other funding sources stemmed from federal or local grants, as well as in-kind donations from other organizations. Many of the other funding sources were used to address specific focus areas or targets. As a result, HEZ Collaboratives that received funding from other sources were restricted in how that funding could be used. The ability to leverage non-RIDOH funding also varied. Smaller backbone HEZ organizations might have lacked the prestige or status of larger, more well-known organizations who became backbone HEZ organizations. For example, the backbone HEZ organizations South County Health or Thundermist might have had more resources and staff to pursue lucrative funding opportunities. Both organizations were able to secure grants from the Rhode Island Foundation that were over \$600,000 each (GoLocalProv, 2018).

Funding also strongly influenced what activities or initiatives each HEZ Collaboratives were engaged in. In some cases, HEZ Collaboratives had to stop providing activities and services because they were no longer financially viable. The Bristol HEZ had to stop providing its behavioral health and substance use services at its part-time recovery center in downtown Bristol due to significant operational costs. In another case, the Central Providence HEZ had to find a creative way to continue to work with its community partner the Steel Yard after the HEZ could no longer support the weld-to-work program. The Central Providence HEZ also reported that changes in its funding stream negatively impacted the HEZ Collaborative's ability to respond to

community identified needs, since the new funding could only be used on specific activities related to the new grant's objectives. HEZ Collaboratives are strongly encouraged to pursue funding outside of RIDOH that could be related to identified community needs.

### **Utilization of External Data Sources**

Most HEZ Collaboratives leveraged data that was already collected to bolster needs assessments. Many of the HEZ Collaboratives utilized Community Health Needs Assessments conducted by local healthcare organizations or systems. HBHM utilized the Community Health Needs Assessment conducted by South County and New Haven Health. HBHM also has access to hospital utilization data related to behavioral health needs and emergency room usage. This allowed the Washington County HEZ to look at system level data around mental health needs and identify opportunities to address them. Utilizing data that was already collected could save time and energy when conducting new Community Needs Assessments; HEZ Collaboratives were able to tailor surveys, focus groups, and interviews to identify specific and actionable issues related to the information that was already collected.

Backbone HEZ organizations also used previous reports from non-profits or state agencies to identify specific measures. For example, the West Warwick HEZ used the Rhode Island KIDS COUNT Factbook to identify food needs of children in West Warwick. These sources of data can be useful because they are usually updated annually and do not require the HEZ Collaborative to collect the data themselves. However, changes in those measurements might not be able to be directly connected to the activities or programs of the HEZ Collaborative.

The 2021 RFPs recommended using Rhode Island's Health Equity Measures in the Community Needs Assessments. The 2021 RFP contained a link to the measures on RIDOH's website. However, as of December 2021, some of the Health Equity Measures have not been

updated since 2016. Sharing the health equity measures in the RFPs could be useful because it helps potential HEZ Collaborative to see an example of possible focus areas. Potential backbone HEZ organizations could utilize other region-specific reports to collect initial data for needs assessment, as was the case when the Central Providence HEZ used a report created by RIDOH centered around Health Equity in 2015. One of the interviewees from a HEZ Collaborative mentioned they used the Health Equity Measure set as a starting point when deciding what metrics the HEZ Collaborative wanted to focus on. The literature review highlighted the importance of tracking changes in social determinants of health when evaluating health equity. Organizations that want to reduce health disparities need to utilize measures connected to relevant social determinants of health and collect data that can be used to help disadvantaged groups succeed.

### **Reports and Action Plans May Vary**

Action Plans should serve as living, breathing documents that evolve as progress on activities or focus areas occur. The 2021 RFP for the third HEZ cohort contained multiple pages about what an Action Plan should look like, how it should be created, and offered previous examples of Action Plan implementation. Some of the examples included previous sources cited in this thesis such as the ASTHO Presidents Challenge report, RIDOH's Health Equity Position Paper, and the RI Health Equity Measure Set. For the 2021 RFP, RIDOH required the proposed Action Plans to include an initiative that will have a measurable impact on at least one social determinant of health indicator per domain from RIDOH's Healthy Equity Measure Set (Rhode Island Department of Health, 2021). While having links to documents and containing a segment about Action Plan implementation can be useful, it might have been more beneficial for potential HEZ Collaboratives if RIDOH had a Zoom call or meeting where backbone HEZ organizations

could learn more about the RFP's requirements. RIDOH could also have a meeting about how to conduct needs assessments and develop Action Plans. In April 2021, the Learning Collaborative had hosted virtual courses on topics critical to successful implementation of the HEZ model. Some of the course's topics included building a collaborative, conducting a community needs assessment, and building community and stakeholder engagement. However, it seemed that the virtual courses were not recorded nor often repeated.

There was significant variation in the quality and quantity of reports produced by backbone HEZ organizations. RIDOH created different templates to help reduce variations in reporting, as well as had the RIDOH Project Officer engage with the HEZ Collaboratives to complete the four-year evaluations. Some backbone HEZ organizations had completed the report in depth and created annual reports to the community. Other HEZ Collaboratives did not complete the four-year evaluation; there were multiple instances where employees from the backbone HEZ organization had left questions or comments on the four-year report. It is unclear if these questions or comments were resolved. RIDOH recognized there were variations among the four-year reports and has been working towards better supporting HEZ Collaboratives documentation of initiatives and community impact.

How each HEZ Collaborative went about addressing issues identified in Community Needs Assessments varied. The evaluation of the HEZ Initiative conducted at the end of the State Innovation Model funding period found that the Community Needs Assessments by the eleven HEZ Collaboratives varied in quality and detail. In the future, the RIDOH evaluators planned on providing more guidance on what to include in future Community Needs Assessments by new HEZ Collaboratives, because the increased guidance may result in higher-quality assessments across all HEZ Collaboratives (Asusa, 2019). This is important because the Community Needs

Assessments serves as the foundation for the Action Plans of each HEZ Collaborative. RIDOH had also developed work plan templates for future HEZ Collaboratives with the goal of helping them conduct more uniform, high quality Community Needs Assessments.

Three of the HEZ Collaboratives in this study had created materials for grants not connected to RIDOH. Two of the HEZ Collaboratives applied for grants from the Rhode Island Foundation and another from the Tufts Health Plan Foundation. As part of those grant applications, the HEZ Collaboratives had to complete newer Community Needs Assessments to receive funding and complete other evaluations specifically for those funders. This meant that the HEZ Collaboratives were reporting to funders besides RIDOH and RIDOH might not have had the most recent materials produced by the HEZ Collaboratives. Unless the HEZ Collaboratives had shared the results of their most recent evaluations by external evaluators with RIDOH, it would become harder for RIDOH to accurately assess the impact of the HEZ Initiative.

### **Other Recommended Models/Strategies**

The HEZ Collaboratives may benefit from connecting with organizations from other states that are engaged in similar place-based initiatives. The use of place-based initiatives is still new in the public health world and there are no guaranteed, best practices available. The backbone HEZ organization HBHM consulted with organizations from other county-wide health initiatives in other New England states such as New Hampshire (Healthy Bodies Healthy Minds, 2020). HBHM worked with these organizations to better understand how those place-based initiatives became sustainable. Regarding sustainability, all HEZ Collaboratives had some form of baseline funding from the state or other sources that allowed the backbone HEZ organizations to continue to provide services between applying for major grant cycles. For example, multiple



HEZ Collaboratives in this study applied for funding from the Rhode Island Foundation's Fund for a Healthy Rhode Island Grants.

The HEZ Collaboratives could benefit from having a plan in place for identifying and acquiring multiple funding sources as soon as possible. Some of the HEZ Collaboratives in this study had to change modify programs and activities to meet the goals of other funding sources. This meant less focus was placed on the issues identified in the Community Needs Assessments. Backbone HEZ organizations could benefit from pursuing funding opportunities that match or relate to identified needs. In 2016 MassDevelopment, the Commonwealth's economic development and finance authority, created a guide listing possible funding sources for place-based initiatives (MassDevelopment, 2016). The guide listed funders, possible grant opportunities, and how to apply for them. There might be an organization in Rhode Island similar to MassDevelopment where new HEZ Collaborative applicants can look for grants related to specific resident needs. An interview with one of the HEZ Collaborative employees revealed RIDOH would occasionally reach out to the HEZ Collaborative about specific grant opportunities from other funds, but this was not on a consistent basis.

HEZ Collaboratives could utilize asset mapping to identify opportunities in communities. HEZ Collaboratives were asked to identify the existing resources and assets in the community as part of the Community Needs Assessment. Asset mapping is a strategy that provides information about the strengths and resources a community has, as well as can help uncover possible solutions to support the community in a visual way (University of California Los Angeles, n.d). Asset maps depict the relationships between individuals, the local economy, physical space, and local institutions or associations. A community asset or resource is anything that improves the quality of community life. Examples of assets can include the abilities of community members, a

physical structure or place such as schools or hospitals, or a business that provides jobs and supports the local economy (University of California Los Angeles, n.d). The non-profit organization the W.K. Kellogg Foundation created a guide for how to create an asset map. The guide is divided into three sections; how to assess and strengthen relationships with and utilization of community assets: how to identify and connect a non-profit organization's assets to this project, and what tools may be helpful in connecting health improvement projects and organizations to community assets (Kretzmann et al, 2005). The guide contains questions that help organizations identify community assets, as well as provides examples of community asset maps. The guide could be used to fulfill the intent of MAPP's Community Themes and Strengths Assessment.

RIDOH could better support new HEZ Collaboratives by creating a centralized location for backbone HEZ organizations to access documentation related to evaluations and Action Plans. This would help reduce the variation among evaluations submitted by the HEZ Collaboratives and make it easier to share reports among stakeholders or interested parties. RIDOH had created the "Learning Collaborative" to support collaboration and communication among the HEZ Collaboratives. Creating guides related to evaluations could also bolster HEZ Collaboratives who were unable to retain their own internal evaluator. Two of the program managers interviewed stated they found difficulty reaching out and learning how other HEZ Collaboratives conducted needs assessments. There was no clear, easy way to share how each HEZ Collaborative completed its needs assessment. The West Warwick HEZ's program manager had shared internal reports and presentations initially designed for its Steering Committee with another HEZ Collaborative, because there was not a template available for sharing information related to needs assessments.

Lastly, RIDOH could develop process or documents that prepare new HEZ Collaboratives for conducting Community Needs Assessments and Action Plan development. The 2021 RFP for HEZ Collaborative applicants provided links to websites that explain how to conduct a Community Needs Assessment, including the CDC Change toolkit mentioned in the literature review (Rhode Island Department of Health, 2021). There was also a report from 2019 by the HEZ Project Manager that highlighted the effectiveness of HEZ Cohorts 1 and 2. However the report did not provide insight on how the previous HEZ Collaboratives needs assessments impacted the development of their respective Action Plans. RIDOH could create a document similar to the HEZ factsheets, but it would instead focus on the history of the HEZ Collaboratives programmatically. Previous HEZ Collaboratives could also contribute to creating them and serve as a resource for future HEZ Collaboratives. It is also worth mentioning that in 2021, RIDOH created its own toolkit to help organizations create a their own HEZ Collaborative. The toolkit covers how to build a HEZ Collaborative, financing a HEZ Collaborative, conducting evaluations, and creating long term sustainability. It could be a useful tool for potential backbone HEZ organizations because it looks at the programmatic aspects of running a HEZ Collaborative.

### **Limitations**

This thesis was not intended to be an exhaustive list or analysis of every HEZ Collaborative activity or program. The study was meant to analyze each HEZ Collaborative using MAPP as a framework and provide suggestions for potential HEZ Collaboratives to better create lasting change. This meant focusing primarily on each HEZ Collaboratives key activities or programs, how the HEZ Collaborative assessed community needs, how Action Plans were developed, and how progress was evaluated. However, there were multiple limitations that need to be addressed.

One of the biggest limitations was only five HEZ Collaboratives were reviewed for this thesis project. The five HEZ Collaboratives were chosen because data related to these HEZ Collaboratives were more accessible than the other HEZ Collaboratives. As a result, the conclusion found in this thesis project might not be representative of the work done by all the HEZ Collaboratives. The creation of a third cohort will result in there being over fifteen different HEZ Collaboratives across Rhode Island over the last decade. A future opportunity or thesis project would be to analyze the remaining HEZ Collaboratives using the MAPP Process or another framework.

Another limitation was much of the data regarding RIDOH evaluations were provided by the RIDOH HEZ Evaluator. The evaluations and four-year reports were not available to the public and were only shared after the HEZ Evaluator received approval from RIDOH's legal team. These reports did not address what activities the HEZ Collaboratives were engaged in during 2019 and beyond. Other potential sources of data, such as internal communications regarding Community Needs Assessments, drafts of Action Plans, and reports about progress on specific initiatives were not available unless the backbone HEZ organization provided them or if the sources of data were on backbone HEZ organization websites. News articles from local media outlets such as the Providence Journal or the Public's Radio were utilized to follow up on HEZ Collaborative activities. Three of the five HEZs also declined to be interviewed, possibly resulting in not collecting key information or process outcome data.

It should also be noted that the data collected through the interviews, secondary research, and provided by the RIDOH HEZ Evaluator were primarily self-reported. This introduces biases such as selective memory or attribution. Many of the reports presented by the HEZ Collaboratives may have over-emphasized their impact on their community's health to appear

more successful. For example, the West Warwick HEZ attributed its new playground to improvements in children's health, even though follow up research showed the park was not easily accessible to children with physical disabilities. As a result, the thesis project utilized multiple data sources to reduce the potential of bias.

### **Conclusion**

This project revealed most of the HEZ Collaboratives activities, from assessing community needs to evaluating impact, could be connected to the MAPP criterion and positively impacted residents. The HEZ Collaboratives met most of the criterion for the MAPP phases. However, some of the HEZ Collaboratives could find new ways to share the results of HEZ Collaborative evaluations with the community or other local organizations. The HEZ Collaboratives could also focus work on identifying the forces of change that impact community health.

Backbone HEZ organizations used the results of Community Needs Assessments to create Action Plans with specific goals, potential measures, and targeted activities to improve community health. Many of the needs that were identified came from external data sources or focus groups with key stakeholders. All the HEZ Collaboratives in this study utilized focus groups and interviews with community members to better understand community needs. There was one instance where a HEZ Collaborative moved away from activities related to its needs assessment, but this was partially due to receiving funding that could only be spent on certain activities or programs. The thesis's data supports the hypothesis that the HEZ Initiative has had a positive impact on Rhode Islanders and their health.

The interviews and supporting documentation showed the HEZ Collaboratives conducted needs assessments in a myriad of ways and some cases more than once. Some of the HEZ

Collaboratives utilized consulting agencies to assist in conducting their Community Needs Assessments and conduct evaluations regarding the HEZ Collaboratives performance. Three of the HEZ Collaboratives in this study were evaluated by external evaluators, because those HEZ Collaboratives received grants that required external evaluators. Many of the HEZ Collaboratives also conducted follow up needs assessments to evaluate progress on addressing community needs or pursue new lines of funding. The HEZ Collaboratives used data from other publicly available reports and studies to understand their community's health needs. This strategy was useful because it prevented unnecessary duplication of already available data, as well as saved HEZ Collaboratives valuable time and energy.

The HEZ Collaboratives leveraged Work Groups and Steering Committees to develop and implement Action Plans. Creating a Steering Committee was one of the requirements for receiving HEZ funding from RIDOH. NACCHO strongly recommended establishing a Steering Committee whose purpose was to review the results of needs assessments and create a strategic plan. Without the Steering Committees, the HEZ Collaboratives would have had harder time managing their programs and activities, as well as reaching out and working with relevant stakeholders.

The thesis project also showed there is an opportunity for RIDOH to better foster transparency about the efficacy of the HEZ Initiative. The RIDOH HEZ Evaluator provided a plethora of resources regarding the HEZ Initiative and its HEZ Collaboratives, but the documents were focused on events from 2015 to 2019. This could have been partially due to HEZ Collaboratives from the first and second cohort moving away from funding from the RIDOH grant and more towards other funding sources. The materials provided by the RIDOH HEZ Evaluator was useful from a historical perspective, but the HEZ Collaboratives have changed

significantly after the initial four years. More recent documents or information were not easily shared between HEZ Collaboratives or their respective communities. For the Third Cohort, RIDOH could work on updating its website on a consistent basis and post important HEZ Initiative documents, such as the Health Equity Measures or the results of Community Needs Assessments by local organizations.

Lastly, future and current HEZ Collaboratives could benefit from using the MAPP Process as a framework to guide their work. The MAPP Process has tools and offers recommendations on how to organize stakeholders, create a collaborative vision, collect, and identify strategic issues, and formulate goals and strategies. The MAPP toolkit could be easily modified to supplement the toolkit that was created by RIDOH to be specific to the HEZ Initiative, but also cover the dimensions important to creating lasting change. This would allow the HEZ Collaboratives to better evaluate their progress on creating lasting community change. HEZ Collaborative, when grounded in a framework such as MAPP, could become a vital tool to address the social determinants of health of Rhode Islanders.

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## Appendix

### Appendix A. HEZ Interview Questions

1. How did you conduct your Community Needs Assessment? What data sources did the HEZ utilize?
2. Was/is there a shared vision among stakeholders? How was this fostered?
3. What needs, strengths, and opportunities, in the community were identified?
4. How was the Action Plan developed? What activities or goals were created?
5. How are the activities/goals evaluated? How does the HEZ determine if its efforts are successful?
6. Are there evaluation measures being taken throughout the year that culminate in a report to DOH?
7. How has the HEZ Collaborative impacted the needs identified in your Community Needs Assessment?
8. What evidence exists that the Collaborative continues to be enhanced, expanded, and making progress towards future sustainability?
9. What resources/documents are available about your Community Needs Assessment and Action Plan? Would you be able to share them with me?
10. Is the HEZ engaging stakeholders beyond the existing collaborative to include: residents, clinical and non-clinical providers, and local businesses? If so, how?
11. Has the HEZ Collaborative been an effective process and structure that has high levels of community engagement? How so?